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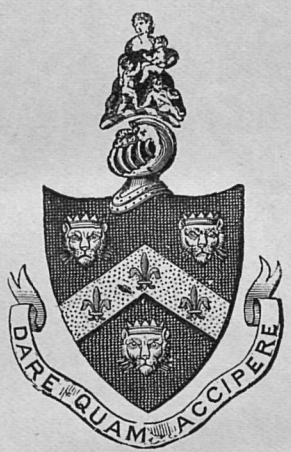

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Notice.

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Guy's Hospital Gazette,

JANUARY 14, 1893.

CLINICAL LECTURE BY DR. HALE WHITE.

PYREXIA IN CEREBRAL LESIONS.

The fixity of temperature characteristic of homœothermic animals depends on the relation the production of heat bears to the loss of heat. The nervous regulation of these two factors is as follows:—

1. In the medulla and cord the *thermolytic centres*—a comprehensive term including the vasomotor, respiratory, sweat-centres, &c.

2. In the corpus striatum is the *thermogenetic centre* presiding over the heat-producing processes of the body.

3. The relation between loss and production of heat, necessary for a fixed body temperature, is maintained by a *thermotaxic centre* probably situated in the cortex.

The activity of these "centres" depends not only on their nervous activity but also on their blood-supply.

In the present lecture we shall only consider the centres situated in the cerebrum.

A.—*Thermogenesis.*

I. *Experimental evidence.*—The mode of experimenting was to destroy the corpus striatum with a probe, and to make observations before and after the operation.

A first series of experiments was made on twenty-three rabbits. Preliminary observation shewed that neither the anæsthetic nor the preliminary steps of the operation had any pyrexial effect. The results of the operation were to shew that in all cases there was a considerable rise of temperature. In four cases the temperature rose to above 106°, in four others as high as 106°, and several reasons render it highly probable that the pyrexia was due to increased heat-production.

A second series of sixteen experiments was undertaken to prove that injury to the optic thalamus had no thermogenic sequel. In twelve of these, in which the injury was ascertained by dissection to be confined to the optic thalamus, the rise of temperature was less than 1°. In the remaining four, in which the corpus striatum was also involved, the temperature rose above 104°. It will be seen, therefore, that a marked rise in temperature is the invariable result of injury to the corpus striatum.

II. *Pathological evidence* is furnished by the following seven cases, and in each case it will be seen that post-mortem examination revealed the existence of a lesion in the corpus striatum:—

Case 1.—Child, admitted under Dr. Taylor (Guy's Rep. 1884) for loss of power in the legs. The temperature on admission was, for two or three weeks, normal; but for the remaining two or three months of its life it was of an extraordinary character, often reaching 105°, 106°, or even 107°. Post-mortem: absolutely nothing was found save necrotic softening of both corpora striata.

Case 2.—Man, admitted under Dr. Fagge for cerebral hæmorrhage. The temperature at first shewed a fall due to shock—94° in the right axilla, 95° in the left. In a few hours it rose to 107°, but was always higher in the left axilla. At the post-mortem was found hæmorrhage into the right corpus striatum.

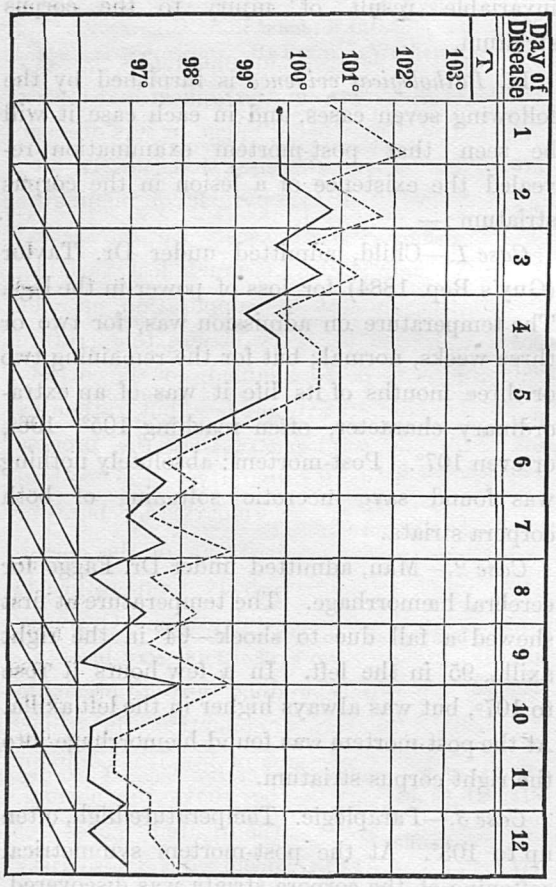
Case 3.—Paraplegic. Temperature high, often up to 103°. At the post-mortem symmetrical softening of the corpora striata was discovered.

Case 4.—Man, admitted for cerebral hæmorrhage. The temperature was raised; but was

not the same in the two axilla. At the post-mortem partial destruction of the corpus striatum was found on the side opposite to that on which was the axilla of the higher temperature.

Case 5.—Man, admitted for cerebral hæmorrhage. Immediately after admission the temperature was subnormal; but afterwards rose to 103°, and was higher in one axilla than in the other. Before patient's death temperature fell. The result of the post-mortem examination was the same as in the preceding case.

Case 6.—Man, admitted for cerebral hæmorrhage. The chart of this case is given below. At the post-mortem hæmorrhage into the left corpus striatum was found.



The temperature of the right axilla is indicated by the dotted line: that of the left axilla by the continuous line.

Case 7.—Woman, admitted for ulcerative endocarditis. It was afterwards discovered that the axiliary temperature was not the same on both sides. This difference could only be explained by an unilateral brain-lesion. Patient improved, and left the Hospital, but returned and died. At the post-mortem there were evidences of an old hæmorrhage into the corpus striatum of the side opposite to that on which was the higher temperature.

From the above cases (Nos. 3 to 7 were under Dr. Hale White) it appears that the results of experimental research are borne out by clinical study; and that from a consideration of them, four important inferences can be drawn as follows:

1. Lesion of one corpus striatum causes a rise in temperature, which is always higher on the side of the body opposite to the lesion.

2. A typical temperature chart of such a lesion will shew first a fall due to shock;

3. Then a rise due (probably) to irritation of the corpus striatum; and

4. Finally, if patient survive, a fall, often below the normal, probably due to fatigue of the overworked thermogenesis.

B.—*Thermotaxis.*

I. *Experimental evidence.*—Part of the cortex was removed in twenty-four rabbits. After the operations the temperature was found in all cases to be variable—in some it fell, in most it rose, but the rise was irregular. The general result was that the cortical destruction was followed by an irregular fluctuating temperature, but in nearly all cases by a rise.

II. *Pathological evidence* is difficult to obtain because of the necessity of excluding cases of pyrexia attributable to inflammatory processes. But it is furnished by the following cases:—

Case 1.—Healthy man, who committed suicide by shooting himself. The bullet was extracted

from the apex of the orbit soon after admission. Temperature immediately after operation was 92·2°, in four hours it rose to 104·2°. It remained high, being 104·4° half an hour before death. At the post-mortem several pieces of bone were found broken, especially the lesser wing of the sphenoid; the dura mater was not perforated, the anterior extremity of the middle lobe of the right hemisphere was severely contused, as was also the third right frontal convolution.

Cases 2 to 10.—Cases of middle meningeal hæmorrhage with pyrexia have been recorded in three papers in the Guy's Reports.

Dr. Goodhart records a case in which the temperature rose to 105·7°.

Mr. Jacobson records several cases in seven of which the following temperatures occurred:—102°, 102°, 103°, 103·6°, 95° rising afterwards to 104°, 96° rising afterwards to 107°, 108·4°.

Mr. Golding-Bird records a case in which the temperature rose to 102·8°.

In all cases the rise was rapid, occurring within a few hours of the injury.

Case 11.—Man, admitted under Dr. Hale White, perfectly well on Saturday, went to the theatre, on returning appeared strange, but this was attributed to alcohol. During the night he became delirious. On Sunday afternoon he was admitted into Philip ward, but became so noisy that he had to be removed to the strong room in the evening. On Monday morning Dr. Hale White saw patient. His temperature at 2 p.m. was 104°, by 4 p.m. it had risen to 105°. A cold bath was ordered, and while this was being prepared ice-packing was tried, but in spite of this temperature rose to 108°. As the result of the bath there was a rapid fall to normal, but the temperature rose again by 7 p.m. to 103°. At 7.30 p.m. the patient died. The post-mortem shewed no no other lesion than suppurative meningitis.

Case 12.—Man admitted under Dr. Hale White for suppurative meningitis due to perforation of the ethmoid from syphilitic disease of the nose. Patient died within 18 hours of admission. Temperature at first was 105°, then fell to normal, but at death it was 106°.

In the first ten of the above cases the cortical lesions are the only possible cause of the pyrexia, but it might be that in the last two the inflammatory process was the sole cause of the rise in temperature. This explanation must probably be rejected for the following reasons:—

(1.) There is no parallelism between the respiration, pulse and temperature in meningitis. This parallelism exists in most inflammatory and specific diseases.

(2.) The temperature in meningitis is very variable. Thus, between the highest and lowest temperatures recorded by Fagge in this disease, there is no less a difference than nearly 30°. Gowers states that the pyrexia of meningitis varies much in different cases. But in cerebral abscess the temperature is much less variable, although the amount of suppuration may be greater. Hence the very erratic temperature of meningitis is best explained, not as entirely due to the suppurative process, but rather as also partly due to the fact that the process occurs in such close proximity to the cerebral cortex as to upset the thermotaxic mechanism.

A further proof that irritation of the cortex has an influence on the body temperature is furnished by the status epilepticus. Ordinary epileptic fits are the result of too brief an irritation to often produce any appreciable rise, but in the status epilepticus, in which there is a rapid succession of fits, it is common for the temperature to be above the normal. Also several well authenticated cases of hysterical pyrexia have occurred. These rises may be explained by the view that the thermotaxic centre, like the rest of the cortex, is functionally disordered in these diseases.

TWO CASES OF SUPRA-PUBIC LITHOTOMY.

CASE I.

G.C., aged 5, admitted into the Children's Hospital, Hull, October 25th, 1892, for pain on micturition, of about six months' duration. Micturition was said to be accompanied by severe straining, but there was no history of hæmaturia. Urine acid, contained some pus and albumen. On sounding the bladder a stone was detected, and it could be easily felt and manipulated between a finger in the rectum and the hand pressing above the pubes.

October 31st.—Under chloroform the bladder was washed out with hot boracic lotion, and then an attempt made to distend it with about 8 ozs. of fluid by means of a syringe; this, however, was very difficult as the bladder contracted very forcibly, and it was ultimately found that only about 2 ozs. of boracic lotion had entered the bladder. No rectal bag was used. The usual incision for supra-pubic lithotomy was made, and after separating the recti the peritoneum was found to extend down to pubic bone. The *cul de sac* of peritoneum was then lifted up, and the bladder found deep in the pelvis, only partially distended. As it was rather out of reach, a sound was passed per urethram, and the bladder opened upon its point made prominent in the wound. The stone after extraction weighed $2\frac{1}{2}$ drachms, and measured 1 by $\frac{3}{4}$ by $\frac{1}{2}$ inch.

The bladder was well flushed out with 1 in 4000 solution of perchloride of mercury, and the incised wound in it carefully closed by a continuous silk suture passing only through the muscular coat. Care had been taken not to bruise the edges of the wound in extraction of the calculus, more than could be avoided. The abdominal incision was then closed, after a small drainage tube had been inserted at its lower end down to the bladder. A soft catheter was passed into the bladder, and retained by a wire suture inserted into the prepuce. Cyanide dressings.

Nov. 3rd.—Wound dressed. No leakage of urine. Temperature normal since operation.

Nov. 6th.—Injection of bladder with $1\frac{1}{2}$ ozs. of fluid showed no leakage; catheter withdrawn; sutures removed.

Nov. 9th.—All healed up. The patient passes urine quite well, and can hold his water for about four hours.

He was kept under observation until November 21st, and then discharged.

CASE II.

B.C., aged 4, admitted into the Children's Hospital, Hull, December 20th, 1892, for incontinence of urine and intense pain referred to the lower part of the body. He had been circumcised one and a half years ago, and since then had not been able to hold his water, which was foul and dribbled into his clothes. No history of hæmaturia. Skin of penis and scrotum eczematous, and his mother says that the bowel comes down when he strains or tries to pass urine.

Urine ammoniacal and contained much pus, but no blood.

21st. On sounding the patient under chloroform a calculus was detected, and by manipulating the bladder between a finger in the rectum and the hand above the pubes, two large stones could be easily felt, and could be made to rub against each other.

22nd. Suprapubic lithotomy performed exactly as before, with the exception that the bladder could be injected with four ounces of fluid but no more. This quantity, however, made the bladder prominent above the pubes, and the peritoneum was not seen at the operation as in the last case. The two stones extracted measured $\frac{9}{8} \times \frac{1}{2} \times \frac{3}{4}$ inch each, and weighed 144 and 140 grains respectively. The bladder was well irrigated, and the wound in it sewn up as in the last case. Operation completed as in previous case.

25th. Dressed, no leakage; no trouble with catheter.

26th. Bladder injected with one and a half ounces of fluid; no leakage.

28th. Catheter withdrawn. D. tube removed.

January 1st, Wound healed. Patient can hold his urine for about three hours, but occasionally passes a little into the bed. No rise of temperature since operation.

There is no doubt that in both these cases the calculi were too large to be removed with safety by a lateral perineal operation; and, though lateral lithotomy is regarded as a very safe operation in children, to my mind a wound close to the anus, damage to the rudimentary prostate and base of the bladder, and occasionally subsequent sterility, are serious disadvantages. The suprapubic operation can be performed with perfect asepsis, and the period of convalescence in the above cases (ten days) compares most favourably with that after a lateral lithotomy (three weeks at least). No doubt in both the above cases lithotomy might have been done, but in the second case it would have been a prolonged operation, and in both it would have necessitated special instruments, and might not have ensured complete removal of the calculi.

As regards the modus operandi, the great difficulty in each case was the contracted state of the bladder, which only allowed of partial distension; this, however, is not a serious difficulty, for the bladder can always be opened on a sound, after lifting up the peritoneum, as in operating on the cadaver. In neither case was a rectal bag used, this having been shown to be quite unnecessary, and not altogether free from risk.

The plan of making a clean cut into the bladder, and then carefully suturing the cut wall answered admirably, and is far superior to leaving both it and the abdominal wall to granulate up—a proceeding which necessitates constant dressing and a prolonged convalesence. The retention of a soft catheter gave the patients no trouble, there was no blockage as the bladder in each case was well irrigated, and the result exemplified the fact that an organ heals best when in a state of physiological rest.

Hull. ALFRED PARKIN.

Hospital News.

IN THE WARDS.

UNDER MR. COLLEY.

ACCIDENT 10.—Admitted October 15th, 1892. This is a case of injury to lower dorsal spine, followed by incomplete paralysis of each leg, without any anæsthesia. There was no definite evidence of fracture of the spine. The reflexes have never been entirely lost. He has steadily improved since admission, and has now recovered sufficient power over his legs to get about the ward with the help of crutches.

ACCIDENT 25.—Admitted December 12th, 1892. This is a similar case to the last one. The two may be advantageously compared with one another. As to what is the exact lesion of the cord in each case: It is quite clear that the injury is only partial, and that, probably, is hæmorrhage into the substance of the cord. Those who are interested in this subject should consult Mr. Parkins' paper on "Hæmatomyelia," in the last volume of the "Guy's Reports."

CORNELIUS 10. — Arterio-venous Aneurism of the Femoral Arteries.—A man received a punctured wound in the region of the femoral arteries in Hunter's Canal. This soon healed, but was followed after some weeks by a pulsating swelling under the scar. There was a thrill and a loud "whirring" systolic bruit. Treatment by compression has succeeded in making the swelling less defined, and the thrill has marked, but the bruit is as loud as ever.

LUKE 8.—Cystic swelling above the knee.—There is a small cystic swelling situated above the knee and to inner side, close to the tendon of the sartorius. There is no bruise exactly in that situation, and apparently it does not communicate with the knee joint, although if the communication should be small, it would be very difficult to make out. It may have arisen in a small hæmorrhage.

DORCAS 5.—This is a case of Hæmaturia associated with mobility of both kidneys, the right one being the more movable has been stitched to the side, but the hæmaturia persists. The left kidney is only slightly movable, and the question is whether that can be the cause of the hæmaturia.

UNDER MR. HOWSE.

NAAMAN 4.—Tumour over internal condyle of left arm. Man, æt. 30. Five months ago appeared after a strain; increasing in size in last month. Clear reddish fluid has been withdrawn. Diagnosis—? ?. Gumma, cystic sarcoma, enlarged bursa, with several other diagnosis have been given.

NAAMAN 12.—Double pulpy knee.—F. G., æt. 11. It is proposed to excise the right knee (affected), trusting to rest for the left.

CHARITY 7.—Congenital dislocation of both tibiæ forwards. Pes cavus. Talipes equina varus. Treatment uncertain.

UNDER DR. PYE-SMITH.

PHILIP 29 and 31.—These are two interesting cases of idiopathic muscular atrophy, which have been under observation for some time. In the latter, the disease has affected the upper portion of the body most, contrasting with the latter, where the greatest weakness is in the lower limbs. In 31 there is a history of some five or six years, in 29 only of about three. In 29 the characteristic wasting of the thenar eminences should be noted, and the extremely small sternomastoids. No. 31, on the other hand, has the thenar eminences but little wasted, and no movements are lost in the upper part of the body, but the legs are semiflexed, owing to the shortening of the hamstring muscles.

PHILIP 40.—Plumbism; neuritis; colic; constipation; paresis; tremor and œdema of hands; anæmia.—J. S., æt. 40, had been employed as a carman at a white lead factory for some years, but in April last he commenced indoor work in the factory, with the result that in August he was attacked with colic, vomiting and constipation, later with wrist drop and tremors of hands. He was admitted into the Hospital November 15th. Muscles chiefly affected—extensors of wrists, abductor indicis, interossei, thenar and hyperthenar muscles, deltoids, pectoralis major, lower portion of trapezius, triceps and diaphragm; muscles less affected—biceps, supinator longus, erector spinæ of both sides. Leg muscles flabby with some muscular tenderness, but no paresis. Breathing almost entirely abdominal, circumference of chest below nipples varies from 34½-35 inches in respiration. Sensation normal, except for a localized patch of anæsthesia, with impaired sensation around it on the outer side of the right thigh just above the knee. There has been an entire absence of albuminuria, cerebral symptoms and occular change. Treatment in the early stage when colic was the chief symptom, Mist. Pot. Iod. and Tr. Bellad. with hot fomentations to abdomen; later interrupted galvanism every other day to muscles, Mist. Pot. Iod. or Mist. Acidi. Co with purgatives. Patient is still in the Hospital; general condition decidedly improved, but paresis only slightly so.

MIRIAM 20.—Jacksonian epilepsy. Cerebral operation.

MIRIAM 28.—Patient, a married woman, æt. 27, was suddenly taken ill three months ago with violent pains in the joints and limbs, headache and fever. This condition continued for three weeks, and was diagnosed as rheumatic fever. She was then well for a fortnight; after which interval an erythematous rash began to appear and continued till admission. With this, pyrexia returned and has lasted till now. The temperature has been throughout of a marked intermittent type, with maxima of 103° to 104°, and daily returns to the normal. At the end of December last, the lower limbs showed the following signs, suggesting peripheral neuritis. The feet were extended, and there was extreme tenderness in

the calf muscles of both legs and in the region of the plantar fasciæ, with a patch of numbness near the right outer malleolus. A point of special tenderness was found where the external popliteal nerve curves round the fibula. No alcoholic history. At the beginning of the year, when the case came under the care of Dr. Hale White, what appeared to be a specific node was observed on the right tibia. Hydrarg. perchlor. gr. $\frac{1}{8}$ O.N. has been given hypodermically for a fortnight, and grs. xv. of pot. iod. t.d s., with the result that the tenderness of the limbs has entirely cleared up. While the anti-specific treatment has thus influenced the neuritis, it has left the pyrexia untouched. There is thus a history of eight or nine weeks of intermittent fever at present unexplained.

JOHN 4.—These are two cardiac cases valuable for comparison. In the first there is a greatly dilated heart, with irregular rhythm, and a mitral systolic murmur, occasionally accompanied by a diastolic; yet, in spite of a long history, there is not the smallest evidence of backward signs, the case being one of the neuro-muscular type, contrasting strongly with the valvular case in No. 6.

The latter is aortic, though patient came in with an associated mitral systolic murmur. It is to be noticed that the case has greatly improved under digitalis, though since the drug has contracted up the ventricle, and reduced the mitral regurgitation, the pulse has become of a far more definitely water-hammer type than before treatment.

JOHN 11.—Patient was admitted Jan. 4th, complaining of pain in left side, reaching down to right side. Also of pains in head and limbs. He apparently got influenza a week before, and then yesterday had a fresh attack of shivering with pain in side.—On admission temperature 104°. Respiration 28, irregular and jerky—The left chest moved less than the right. No physical signs in lungs—but diaphragm appeared paralysed on left side, a groove forming along margin of rib on that side during inspiration. Irritable cough, set up by slightest movement, and causing severe pain.—Influenza followed by diaphragmatis pleurisy was diagnosed. Jan. 5th.—Patient delirious last night. Temperature 105°. Respiration 44. Sponging brought temperature down 102°. 8th.—To-day a rub was audible at left base in front. The further progress of the case was an uninterrupted recovery.

JOHN 15.—Acute Hodgkin. History of six weeks only. Enlarged isolated glands in neck; abdomen tense and hard, spleen and liver enlarged; retinal hæmorrhages, bleeding from gums, purpuric spots on arms, &c. Hæmoglobin and red corpuscles each 40 to 45 per cent. normal.

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DEMONSTRATIONS IN PATHOLOGY, WITH REFERENCE TO SPECIMENS IN THE PATHOLOGICAL MUSEUM.

BY DR. SHAW.

THE DIGESTIVE ORGANS.

The Lips.

a. Benign growths.

1. Horny papillomata (3450), seen more often in vagrant shows than in Pathological Museums.
2. Simple cyst (3456).

b. Malignant growths.

1. Carcinoma (3455), starting presumably in a mucous gland.
2. Squamous epithelioma v. ulceration. A papillary growth is rarely found in epithelioma of the lip, but is seen in one specimen not yet numbered.

c. Ulceration.

1. Syphilitic (3458), shows the mouth of a patient reduced by cicatrization, the result of syphilitic and mercurial ulceration, to a length of $\frac{3}{4}$ inch. Patient died of starvation.
2. Mercurial (3457), setting up gangrene of lung.
3. Epitheliomatous (3453) completely surrounding the orifice in an old specimen. Secondary deposit in a gland under the jaw breaking down and suppurating (3454).

The Salivary Glands.

a. Calculus, impacted in duct.

Both glands and duct removed (3459).

Duct cut down on, calculus removed (3463).

Calculus measuring $1\frac{1}{4}$ by $\frac{5}{8}$ inches (3462) was passed.

b. Growths.

1. Enchondroma occurs in submaxiliary gland (3464A) as well as in parotid (3465). Usually it is partly fibrous and partly cartilaginous, occasionally some sarcomatous elements are present.
2. Pure sarcoma (3468), large growths removed without recurrence.

c. Inflammation. No specimens. Mumps do not kill, but the form which accompanies pyæmia, especially common when the seat of infection is in the perineum, might be illustrated.

The Gums. Epulis is a convenient term for all growths on the gums.

1. Fibrous, connected with the periosteum (3470, 3471). A big fibrous mass surrounding and embedding a tooth, which had been used for fixing a plate. Tartar is a frequent exciting cause.
2. Squamous epithelioma sometimes developes on these fibrous tumours (3472), hence necessity of removal of all such fibrous growths.
3. Sarcoma (3474), generally myeloid.

The Tongue.

a. Injuries, often self inflicted, in epilepsy especially. A clay pipe stem was driven and broken in, wounding the caroted artery, and causing fatal hæmorrhage in 3476. The wound was seen before death but the pipe stem was not. Corrosive poisons as a rule do not touch the tongue, but in 3477 the epithelium is denuded, and there is a yellow discolouration due to nitric acid.

b. Inflammation.

1. In Bright's disease the tongue may swell enormously, so as to protrude from the mouth and make feeding by the mouth impossible (3478). A semilunar mark is is seen when the swollen tongue pressed against the teeth.
2. In pyæmia (3481), abscesses may form in the tongue.

c. Hypertrophy.—In mercurial glossitis (3480), large pieces were removed by Sir Astley Cooper to give relief in this case. In lymphangioma, as in a case recently under Mr. Davies-Colley.

d. Hemiatrophy (3499A).—A mass of cancerous glands involving the hypoglossal nerve on one side. In fracture of the bare of the skull, both nerves may be so wounded as to cause complete atrophy of the tongue.

e. The mucous membrane of the tongue may be—

1. Too smooth in leucoma, or glazed, or bald tongue (3482), the result of cicatrization and ulceration, though sometimes it may occur where there has been no ulceration.
2. Too rough (3483), ichthyosis of tongue, which has nothing to do with the skin disease of that name, a tessellated appearance of the mucous membrane which is greatly thickened. The papillæ are often irregularly hypertrophied (3484), from a case that died of chronic intestinal obstruction.
3. Ulcerated.—Dyspepsia and injuries the commonest causes of slighter forms, are not illustrated.

Syphilitic ulceration, often severe, is illustrated only in its after effects, leucoma.

Tuberculous ulceration at the root of the tongue round the epiglottis (3477), or on the undersurface of the tip (3488) is common. This is probably local injection by the sputa or saliva.

Leprous ulceration.—A nodular ulcerated tongue from a leper (3490).

Epitheliomatous ulceration.—Very common at the edge of the tongue (3491)—or else implicating a tonsil (3494), the epiglottis (3497 or the larynx (3496).

f. Tumours in the tongue beneath the mucous membrane are either sarcoma (3498). Some twenty cases of sarcoma of the tongue have been recorded —or gumma, which is comparatively common. A cyst in the tongue (3499), far back in the middle line, was found, post mortem, having given no symptoms during life.

Hydatids may occur.

The Tonsils.

Acute inflammation of the tonsils (3504) has a smooth appearance, chronically inflamed tonsils are pitted and wrinkled.

Phlegmonous tonsillitis (3501) may pass on to a further or suppurative stage which constitutes quinsey (3502).

Ulceration of the tonsils.—Scarlitinal (3505). Epitheliomatous (3506). Mercurial.

Lymphadenomatous deposit (8507).

The Palate and Fauces.

1. Syphilis, by its tendency to heal in one place as it attacks another, causes deformity. Perforation of palate (3510). Extensive ulceration of fauces (3522).
2. Tubercle.—Ulceration of fauces (3514), ?local infection by sputa, ?constitutional.
3. Scarlatinal sloughing of fauces (3518). Ulceration (3519).
4. Simple ulceration of cancrum oris (3519).

The dangers of sloughing in these parts, viz., hæmorrhage and broncho-pneumonia, are illustrated by many specimens.

5. Growths. — Benign papilcma of soft palate (3512). Fibroma of soft palate (3514).

Malignant epithelioma with noticeable amount of tumour (3515). Sarcoma, a pendatous botryoidal growth of soft palate (3516). A sloughing sarcoma (3526).

The Pharynx.

A pouch behind the tonsil (3527).

Ulceration (3532) from pressure of cricoid in a case of extreme retraction of the head. Simple ulceration (3533). Syphilitic (3534). Tuberculous (3534A).

Polypi (3536, 3535).

Epithelioma.

Flat wasting growth (3537).

Large tumour with secondary deposit in gland obstructing respiration (3537).

Causing laryngeal obstruction (3539).

With extrapharyngeal abscess (3540).

Invading the thyroid (3541).

Exposing larynx and opening the trachea (3542)

Extensive destruction (3544).

Necessitating œsophagostomy (3547A).

Sarcoma.

Great tumour (3548).

Invasion of tonsil (3549).

Post pharyngeal (3550), causing severe dyspnœa in an infarct.

Physical Society.

CLINICAL EVENING, Saturday, Jan. 7th.

Mr. V. PENDRED showed a case of artereo venous aneurysm in a young man. It was caused by his running a penknife into his thigh. A slight thrill could be felt and a systolic bruit very distinctly heard. The symptoms had improved very much under digital pressure to the femoral.

Mr. DAVIES questioned the diagnosis. He wanted to know why the part felt so hard, and why there was no pulsation to be felt. He suggested that blood extravasated from a wounded internal saphena vein might be pressing on the femoral artery and giving rise to the thrill and bruit.

Mr. GROVE showed a case of double disease of the knee joints in a boy. There was displacement outwards and backwards in the tibia on the femur. It looked liked a case of ordinary pulpy disease, but there were facts which pointed to a possible syphilitic origin. The boy had had no pain in the joints; one of his teeth might be taken to be syphilitic; there was a distinct history of syphilis in his mother one year before his birth.

Mr. FAGGE showed a boy with a hard sessile prominence over the centre of the occipital bone. The boy said his head had always been large behind. A fortnight before he got a blow which caused a hæmatoma to form with some pain and tenderness. For this he was admitted. Various suggestions were made as to the nature of the swelling. Periostitis with thickening of the occipital bone seemed to be the explanation which met with most favour.

Mr. PENDRED showed a case of a cystic tumour in the inner side of the lower part of the thigh. The patient was a man of about 50. The tumour started five years before after a kick from a horse. It gets larger with exercise, and subsides when he lays up for a week or two. It is now about the size of a pigeon's egg and fluctuates. It does not change in tension as the knee is flexed and extended. There was a history of tapping and withdrawal of clear fluid. Morrant Bakers's cyst, enlarged synovial tendon sheath, and breaking down hæmatoma were suggested as diagnoses.

Mr. GROVE showed a case of a tumour in front of the elbow joint in a young man. The tumour was as large as a Tangerine orange. It was sessile, movable, painless, lobulated, and fluctuating in parts. The history given by the patient was that he strained his arm one day whilst carrying a weight, and that when he went to bed at night he noticed the tumour for the first time. It was then as large as a pigeon's egg. At Mr. Jacobson's out-patient's, a needle was put into the tumour and clear fluid withdrawn. The diagnosis was thought to be between cystic sarcoma, enlarged bursa under the biceps tendon, hæmatoma from rupture of brachialis anticus muscle and Morrant Baker's cyst.

Mr. HARDENBERG showed a cure which had been admitted for ptomaine poisoning after eating fried fish and sausages. Four days after admission he developed acute orchitis and hydrocele. There was no history of syphilis; no signs of gonorrhœa since six months before. An analogy was suggested with the orchitis which follows mumps.

Mr. STEWART thought that the old gonorrhœa was much more likely than the sausages to be the real cause of the orchitis.

Mr. COLLEY showed a case of mitral disease, following acute rheumatism. There was presystolic bruit and thrill.

Mr. FISHER showed a case of locomotor ataxia in a woman of 21. The case was a typical one, having all the ordinary symptoms.

Mr. SHARP remarked on the rarity of this affection in women.

THE WARD CLERK AND THE DRESSER.

Oh! Dressers come and walk with me, a WARD CLERK did beseech,
And in the Wards some surgery I'll do my best to teach;
Two eager Dressers hurried up—he gave a hand to each.

Unto Cornelius Ward he led, and quickly there espied
A Croft: he looked, he felt, he tapped, and then he loudly sighed,
"We know it's very bad indeed, but please! sir, we have tried.

"Oh! really you must try again"—they humbly cut it up.
He hied him to a Hodgen next; then with an awesome frown—
No science is there in that splint, they humbly cut it down.

And thus in every Ward, he shewed his knowledge so profound,
And let the Dresser always see his treatment was not sound,
But said that he would set it right upon his evening round.

The Dressers slunk into the "Rooms," they felt so very small,
Quoth they, "No Clerk can here uproot us, this sanctum's safe from all.
The door creaked on its hinges, and disclosed the WARD CLERK tall!

He walked straight to the "baccy jar," with a high disdainful slouch;
The Dressers rose in welcome,—he slowly filled his pouch,
Then picking off a Dresser, he languished on the couch.

One day a simple fracture to a compound he had turned,
The patient Dresser bore no more, but the youthful surgeon spurned;
With righteous indignation the upright Ward Clerk burned.

And now with scanty comfort, he *sits* down to his meals,
Not only mental suffering that "smarting Ward Clerk" feels,
He is physically suffering from his head down to his heels.

"ORNATOR."

Passim.

It seems to have become impressed upon the minds of students generally that none but the Clinicals themselves are supposed to go round with the physician in the Clinical Wards. This is a wholly wrong impression. That the immensely valuable material which these wards afford for clinical instruction should be reserved entirely for a couple of dozen men each year will never do in these crowded times, even if these four and twenty be the flower of the flock. It should be generally understood that the wards are open to all those seeking clinical teaching, who are in a position to profit by it.

On the other hand it cannot be too strongly urged that they should be visited *only* by those who have the qualification referred to in the last line of the above paragraph. The fact that the beds so often contain acute and dangerous cases, while the floor space is anything but large, should deter those who would come only out of curiosity or *pour passer le temps*.

We make this reference to the matter because we understand it has been felt in certain high quarters that if the post of Clinical Assistant is to have such very exclusive privileges the time is not far distant when it will have to be abolished. In times which necessitate the curtailment for many of the general ward appointments, it will not do for the Clinicals to be arrogating to themselves such powers of exclusion.

Yet it must be admitted that such powers, however undesirable, would not be really new, but only the revival of an old tradition. When in 1828 the appointment was first instituted we find, on reference to the new "History of Guy's," that the predecessors of the present Clinicals claimed the full right of admitting only such visitors as they chose into Job and Lydia, then the Clinical Wards.

But the present-day Clinicals can well afford to waive such rights as these. They have manifold privileges, and will lose little by sharing their physician's afternoon teaching with a somewhat larger audience. At any rate it would be such an ill day for Guy's if this appointment (the full value of which no one gauges till he has enjoyed it) were to be abolished, that all must wish to do their best to avert such a catastrophe.

On the last day of the old year, according to ancient custom, the Treasurer with the Superintendent and the Clerk of the Works went round the Hospital to open the Samaritan boxes. They were found to contain a sum of £56 12s. 2d., of which £5 10s. was in bronze, £25 in silver, and £20 in gold. There was also a £5 note. The largest collection, about £7, was found in the Clinical box. The Eye wards contributed £5 12s., and the Surgery nearly as much. The whole amount collected was about £10 more than in any previous year. In Dorcas ward there was a most unusual proportion of half-crown pieces. Can any reader explain this?

It may be worth while to say that the Samaritan Fund, of which these contributions form a part, is used mainly for sending patients to Convalescent Homes and providing them with surgical appliances. And, talking about Convalescent Homes, we may as well mention that if anybody happens to know people who subscribe to Homes and don't use their tickets, let him beg some for Guy's, where the Superintendent will lay them out to the best advantage.

As an indication of the number of patients assisted to convalescence by the Fund we may add that during the past year 66 were sent to Woodford, 53 to Walton, and 134 to Ascot.

One patient expressed great satisfaction with Walton because the "smell of the turps" was so good, and a boy liked Woodford because he could go out into the Forest and catch "fwogs." There is, however, no doubt that only the most vigorous health can support the tonic regimen of *some* Convalescent Homes.

THE Treasurer has lately commissioned Mr. T. Kirkland, engineer, of 17, Victoria Street, Westminster, to make a complete plan of the drainage, gas, and water supply of the Hospital and School Buildings. Certain imperfect and fragmentary plans of different parts already exist, and excellent details have been supplied by Messrs. Dent & Heller and Messrs. Shaw & Co., as regards the works recently executed by them in the Old Building, but it was clearly expedient that a complete survey should be made, to the accuracy of which Mr. Chapman's extensive and unique knowledge of Hospital angiology may be expected essentially to contribute.

WE are asked to state that the Students' Calendar for 1893 is published, and can be obtained on application to the Librarian or in the Medical School Office.

ALMOST exactly one hundred years ago, on the 26th January, 1793, a memorable debate took place at the Physical Society following upon a paper by a certain Mr. Thelwell, a non-professional member of the Society, entitled an "Essay towards a definition of Animal Vitality." This debate extended over no less than six successive evenings. This speaks well for the "animal vitality" and scientific keenness of the then members of the Physical Society, and is a strong reminder of the vitality of the Society itself. We glean this information from the new Biographical History of Guy's.

OF the new "History" we have heard nothing but approval. Dr. Wilks and all concerned in its production are to be greatly congratulated on their success. We wish poor Prof. Bettany could have seen the completion of his idea. In the future we hope to have more to say about the book in these columns; meanwhile, it is to be remembered that anything like a review of the work would have to consist very largely of quotations, which, just now, would be rather like robbery. We can safely recommend the book as being crowded with interesting facts and incidents, well collected, well selected, and well related.

THE report of the last "Smoker," which we publish to-day, is somewhat belated, because Christmas, coming immediately after, took all our reporters out of town, and their notes were not to be got at. It was so great a success, however, that we do not like to leave it unrecorded.

OUR readers will please note that there is to be another smoking concert to-night, the debate being postponed.

WE are extremely glad to hear of the formation of a Guy's Glee Society, which, besides providing its own speciality in the form of part-singing, will doubtless be able to undertake much of the general management of the Saturday Smokers. The executive are Messrs. Coulson, Lidderdale and Van Someren. Members are expected to be able to read at sight.

THE GAZETTE will shortly be permanently enlarged to 28 pages, and will be more fully illustrated than heretofore.

AMONG the prize winners for figure skating at the meeting of the N.S.A., was Mr. E. E. Henderson, of John's College, Cambridge, and Guy's Hospital.

THE frost has left our columns void of sport this week, but we hope to make up for it in our next number.

WE would fain decry anonymous journalism as far as our columns are concerned. Where there is no good reason for concealment of identity, and such cases should be rare, it adds much to the interest of a domestic organ, like the GAZETTE, if the personal element is allowed to exert its influence.

THE Postman's Christmas Box, for which a subscription list was as usual opened in the Library, amounted this year to the handsome sum of one shilling. Cheap postage is a great blessing, and is evidently appreciated at Guy's.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

THE NEW UNIVERSITY FOR LONDON.

FROM ANOTHER POINT OF VIEW.

DEAR SIR,—I am a very ordinary person indeed, as probably you will conclude from this letter, and I have not sufficient self-assurance to think that I can offer any adequate solution of the difficulties connected with this subject, but an article in your GAZETTE of December 31st seems to me, to be written so considerably from one point of view, that I must venture on a few remarks from another point of view. That writer considers that the most damaging criticism which can be made on the present London University, is the fact that a reform of it has been in process of consideration for ten years, and has not yet taken place. If this is the worst thing that can be said, I think that the genius of the London University may congratulate himself on his success. He has something attempted and something done. The London University has done most effectively all that it has at present aspired to do, *i.e.*, to indicate lines of study. To admit to its examinations with a most liberal spirit, all those who by reason of sex, or by lack of money, or opportunity could not enter the narrow gates of other Universities, and to grant the status of a degree to those who passed a satisfactory examination. And so well has this University fulfilled these functions that its degrees in each faculty are considered to represent more work done and more knowledge acquired, and therefore the possibility of the acquisition of more future knowledge, than the degrees of any other University in the world. The "guinea stamp," of this University has obtained such a value in the eyes of both Teachers and Students in all its faculties, that the numbers of aspirants and graduates is increasing by leaps and bounds. and I should think that at least $\frac{1}{20}$ths and perhaps $\frac{4}{20}$ths of the present graduates of the London University would never have had a degree but for its help, so that it has tapped a new stratum (or rather a good many strata) of the British race, both in the Colonies and at home. and has been the means of introducing into all the professions, and of stamping as "efficient," men, who without its help would not have gained such positions.

Speaking for the fairness of its examinations, from my own experience, and from what I know of my companions, I consider the fairness of its examinations to be as near perfection as any such tests can be. In my own case the examiners were not only fair, but on many occasions very liberal in their estimates, otherwise I should have been rejected oftener than I was. However, the value of the work accomplished by the London University, needs a more eloquent tribute than any I can offer, but I only wish to indicate my own appreciation of what it has done for the children of the middle and upper working classes.

There is no doubt, however, that much remains to be done. The greatest and wealthiest city in the world, ought to have and to endow generously, the grandest Teaching and Research University in the world, and if we can only find the men who are the most competent to judge of such matters, and can get them to work the subject out, unhasting but unresting London will have it. As for the rest of us, who are not qualified for the task, perhaps the best thing we can do is to say less and think more.

The writer of the last article seems delighted at the prospect of an easy settlement; my own opinion is that a good deal of light is needed for such an undertaking, if it is to be at all adequate. The past ten years of controversy has not been wasted.

Doubtless, also, more of the "gospel of sweetness," as well as of light, is needed if your correspondent is correct in accusing as he does of selfish considerations:—

1. The present graduates.
2. The College of Physicians and Surgeons.
3. The Provincial Schools.
4. University and King's Colleges.

This is a large list, and I should say that it would be nearly complete if he added two other bodies:—

5. The London Medical Students, who want a cheap M.D.

6. The Teachers of the London Medical Schools, who, I suppose, are human like the Teachers of the Provincial Medical Schools, and I suppose may be credited with the desire to *gain* what your correspondent says the Provincial Medical Schools fear to *lose*—students and income.

What a nice list of "selfish interests"! To what a nice ethical standard has modern educated medical England come to!

However, so it is stated. Some say that Nos. 5 and 6 are as selfish as Nos. 1, 2, 3 and 4.

As I only belong to No. 1, I can only attempt to defend that class, and I deny that the graduates are "actuated mainly by selfish considerations." Assume for a moment that they do wish to keep up the standard of excellence of the degrees which they have acquired, merely because

they *have* acquired them, are they not fully justified in doing so? If a man has lawfully acquired a £5 note, is he not lawfully justified in wishing its value to be maintained, and in opposing any scheme by which the bank of issue might propose to give only £4 for it? If people want £4 notes let them be made and labelled as such. But there are plenty of graduates who would forego this perfect right of theirs, if such self-denial would advance the state of higher education in London. But would it? So far as I know, not a single argument has been put forth to support the idea that to improve the state of learning in London, and to advance research it is necessary to lower the standard of degrees. My impression is that the reverse is the case, and that we ought to level up and not level down. So until that argument does appear, I cannot approve of any scheme that lowers the standard of the degrees. This is not from selfish considerations, for my degrees do not matter to me now that I am established in my practice; and, in fact, I should like to find a purchaser for the five degrees at cost price in time and money.

In comparing the selfishness of 1 and 5, who is more selfish, a man who merely wishes to keep what he has bought and paid for, or a man who wishes to get it without paying the proper price for it?

The compound syllogism at the top of the third column in the article I refer to, contains a fallacy; for if all medical students in the British Isles came to London to study, as is suggested as essential by your correspondent, the conditions of practical medical education in London would be so altered by the swarms of students, that London would be anything but the most profitable place for a practical education in medicine and surgery; and I should then much rather send my sons (I have two of them, one with 2 teeth and the other with 20 temporary), to some such hospital as Leeds or Newcastle, where they would be able to get a nearer view of a patient than the telescopic one perceived at the distance of your rows of students from a bed, which would be about the average distance of one who was not in high office.

Nor are all Provincial Medical Schools such deserts as regards clinical teachers and clinical material as your correspondent would suggest; good things do not infrequently come out of such places as Nazareth, and we can hardly contemplate without amazement, what would happen to the poor of our large crowded Northern towns, if the unqualified assistance of dressers, etc., were to be moved from the hospitals, in order that they may group themselves like crowds of iron filings round some London surgical magnet.

But these compound syllogisms are so often too complex for accurate conclusions, that I always feel uneasy in accepting them.

But my chief objection to the article is that it would seem as if the be-all and end-all of this new university is to be an easily obtained M.D. In fact the article might have been headed "The New M.D." rather than "The New University."

The writer tells us that when the ideal is sketched out "if all are offended there need be no fear of failure, for as soon as an M.D. is placed within their reach on reasonable terms, the London Medical Students will go up in their hundreds and ensure success."

So this aspiration of modern London (nay modern Britain) for a grand university which shall encourage research, afford facilities for study, and make London more than it ever has been—a real seat of learning, is to be satisfied by the easy manufacture of hundreds of young M.D.'s, and we are told that this is to "ensure success."

Heaven help us! rather than this inadequate solution, let us have another cycle of Cathay, in which to think matters over a little; and in the meantime, to appease this hundred-headed Cerberus (*i.e.*, No. 5, and if he be satisfied in the way I suggest, Nos. 2 and 6 will also be appeased, or, at any rate, the rampant, selfish elements of them), would it not be better to let the Colleges of Physicians and Surgeons become a sort of "one-hoss shay," and, to change the metaphor, grant the sop of an M.D. to all their members? Call it M.D. of any place or anything you like: how would M.D. of Trafalgar Square or Lincoln's Inn do? However, give it any name you like. But deliver the London University from the sort of success which the mere granting of hundreds of M.D. diplomas would ensure.

And now that the time has come for the further development of the London University, which has done such good work in the past and is still doing it, let us see if we cannot make it something better than a mere cheap diploma shop. Surely the chief purpose of an University is the true advancement of learning. The granting of degrees is only a secondary end, or rather, a means to an end, and until this is realised and a scheme is based on it, I think we had better leave the London University alone.

The question before us is the London University, and not the M.D. clamour, so I refrain from entering upon the question as to what good an M.D. will be to those who are so longing for it, when every medical man will possess it.

G. E. HALSTEAD.

Albion Hill House, Ramsgate.

SMOKING CONCERT.

On Saturday, December 17th, the walls of our Smoking Room again resounded with song and mirth. A good programme, a good attendance, and any amount of generous good feeling were the main features of a capital evening's entertainment. Round after round of applause greeted the arrival of those members of the staff who favoured the Concert with their attendance. We noticed Drs. Fawcett, Horrocks, Hale White, Perry, Shaw, and Washbourn, and Messrs. Lucas, Lane, Badcock, Butcher, Fripp, Murray, Mansbridge, Newland-Pedley, Pillin, and Targett—joining heartily in the fun, and apparently in thorough accord with the old English couplet on next page:—

"Give me a pipe a glass and a song,
And the world and its cares I'll forget."

All being ready Mr. Harold Stoner took the chair, supported by the before-mentioned gentlemen, and opened the proceedings with a few well-chosen remarks.

He regarded the presence of so many members of the Staff as a natural part of the very candid relations existing between that body and the students—relations which had contributed largely to the welfare of Guy's. He expressed gratitude to the Resident Staff who had enabled the Dental Students to give up their proposed concert outside the Hospital, an act which he characterised as prompted by the most thoughtful and generous courtesy, and which spoke volumes for the soundness of the union between the Students of the allied clubs."

This speech was heartily applauded, and apparently well expressed the sentiments of all present.

Mr. Godfrey then opened the concert with a pianoforte solo in his usual style. A vocal duet by Messrs. Oram and Wallis, "Venetian Song," and a solo by Mr. Serjeant were heartily applauded. Then followed a capital recitation by Mr. Clement Lucas--Tennyson's 'Revenge.' This was given in fine style, and was the more heartily appreciated on account of the gallant manner in which Mr. Lucas, at a moment's notice, filled the breach caused by the enforced absence, through domestic bereavement, of Mr. Allworth. The comic element, in the person of Mr. T. Godfrey, was then to the fore, who gave "'Ave a Glass" in such fine style that "The Little Nipper" was demanded as an encore. Another song, "Were I the Streamlet," given by Mr. F. Morris met with such a hearty reception that the audience were apparently quite satisfied with Mr. Morris as a "Man."

A cornet solo by Mr. Peake made a pleasant change in the programme. Mr. Coulson then gave in fine style "My Queen," and was heartily encored. A song, "Claude Duval," by Mr. W. H. Pilcher, and a splendidly rendered sonata by Mr. Lulham brought the first part of the concert to a close.

After a short interval Mr. Oram sang "Queen of the Earth." He was followed by Mr. H. E. Durham, who recited "Dont's," by Kipling. Again Mr. T. Godfrey provoked hearty laughter by a skilful description of "The Shoreditch Handicap," and then Mr. Lulham (in the absence of Mr. Jackson Lang) kindly gave a continuation of his former sketch in his well known "Corney Grain" style. Messrs. Coulson and Bate sang "The Moon hath raised her Lamp above," in very sweet style, and then Mr. Walter Tilbury recounted the woes of a certain lady named "Tottie Fay." Mr. Sergeant gave a very feeling rendering of "Mona," which was followed by a stirring recitation by Mr. A. T. Makepeace, entitled "How we beat the Captain's Colt." Mr. Morris having been heard to advantage in "Fetters of Gold," the concert terminated with the National Anthem.

The programme was so good that we have tried to avoid invidious distinctions, feeling that in the presence of so much good talent any other course would be impossible. Staff and students separated about 11 p.m., all agreeing that our last smoker was a great success.

POINTS OF VIEW.

I.—FROM THE EAST.

From the place they call the "Student's Club" at the Hospital of Thomas Guy, writes "Mahommed Jan Ali, late of Poonah, in the Deccan, and Grant Medical College, Bombay, unto Hussein Ali, now there studying: And before all, after greetings, it is in my mind, that there is an apology due from me to you, in this, that I have broken the many pledges of early writing given at our parting on the Apollo Bunder, Bombay. It is now a half year since that parting, and I have been a student of this Hospital for four months at the least, yet has there been no word from me to you. Thou knowest, however, my failing of old—that with me between the wording and the doing is a wide gulf, else I had it not in my heart to write after so long a silence. This also I mind, that when others were severely wrath at this folly, thou didst but smile, and be silent. For this reason I would now try and amend my conduct, to you at least, and forecast your experience next year (when you come to Guy's) by retailing for your benefit my own impressions of it.

And now, letting the past lie with those things which are gone, I would first have you note the bewildering hurry with which each lives his life here in London. We rise late, for it is hardly the custom to sleep until the midnight. But truly this is a wise thing, for in the winter season (at present) the atmosphere is often thick with smoke; it is here called "fog," but the word "smoke" would far more adequately render it in our tongue. Your eyes are no sooner open than you must wash and eat your breakfast, and that hurriedly done you are endeavouring to catch your train, for in this place there are those of the Staff who lecture even at nine o'clock in the morning, and that also in the winter time. In the summer season I see there are not such early lectures, which certainly strikes me as strange. Touching the cold here, it is even as we were taught to expect, and of a verity annihilates all out-door movement. To return, no sooner are you at London Bridge Railway Station—which is handy to this place—than you are at lecture. Lecture attended you are dissecting till one o'clock: and, as to dissecting, I would remind you that subjects here can last many months without reaching that state of decay which in Bombay would occur in the space of seven days. Hence there is much difference between the meaning, you in India, and we at Guy's, attach to the word "part." With you it is but two or three days' work: with us it is six or seven weeks. Hence, whereas you call just the hand, the elbow, and the axilla, each a "part," we have no less than the whole arm from axilla to hand as our "part," and each body has eight such, four on a side.

Three mornings in each week are set apart for histology. In this, also, I would point out an advantage which we possess over you, for whereas it is here taught us to stain and mount each specimen (and encouragement even given each to cut his own), you, if my memory plays

true, but barely are lectured to, even as you yourselves could read in the text book. To one so acute as thyself, Hussein, I need not descant more on the benefits of our system. At one, it is the custom here to snatch a meal in what we term the "Club,"—about which I will tell you more later. Then back to dissect or read as time and fancy require until four or five. It is, by this, time for one to get home, where, dinner eaten, you may read till such time as examinations or demonstrators force you.

Ere I describe other things in this place I would like to place on record, what, in my mind at least, is the most amazing difference between my late and present schools—and this is the attitude of the professors in each. Here it seems that they are more elder scholars who are merely anxious to help you in your studies at much expense of time and trouble to themselves. What it was in the other place you and I know too well—but the cause I can no more fathom than I can the bell-ringing of a Hindu Temple to attract the attention of their gods.

The buildings of this place are three, or with the College, four in number. When you enter after passing the statue of him who founded the place—Thomas Guy, you enter that place which here they call the "Colonnade." It is an open place, but it is the quaint custom of such students as are attached either to a physician or surgeon herein to abide the arrival of their master. To the left you have the "surgery," one for the males, another for the women. Herein are seen accidents, urgent cases, cases which are likely to become "in-patients," etc. To each of the four surgeons there comes his week of what we call at Guy's "take in." This means that all such as are admitted during that week are his patients. The house-surgeons, the dressers, and all the following of that surgeon who is taking in, see all fresh cases and are on duty during that week. The week over comes another surgeon, and his following, and so is the surgery attended to. Opposite the surgery but turning by a corner we have the library, which here is free to all students. It is a good place, but curious is it that the floor is especially adapted for causing noise, and a foot-fall even, or a slipping chair can always thus be well heard by all in the room. Near by is the Chemical Theatre or Lecture-room, with the usual marks of such like.

Passing through between the two surgical wards of "Accident" and "Cornelius;" and leaving the surgical building behind, the huge building in front contains the medical and eye wards and wax models. These latter are indeed, Hussein, beyond all belief in their exactness, nor did I dream that there could be such faithfulness in matters of minute detail as are here seen. Opposite the entrance to the Comparative Anatomy Museum is the building called "Clinical" and, verily, even in the short time I have been here, I am not so blind but that I can see there is great glory in being "clinical." This is an appointment I am told is worth holding, and as but some three or four can hold the office together, there is much gnashing of teeth among the other ninety-six who have applied also but not obtained the appointment. Of course the disappointed may apply again, and rumour sayeth that there are those who stop not applying at each six months, till they are white haired and have their grandchildren even as students. When this occurs, and owing to public opinion, the grandfather applies no longer.

Turn we to the left, and facing us is the College, wherein is contained the "Club." Of this there are three rooms, the one for reading and studying, another for smoking and newspaper reading, and a third for dining purposes. Each day there are some hundreds about one o'clock "lunching," as it is called; thereafter to be seen smoking pipes—not cigars, as is their custom with us—and discoursing learnedly, each to his friends, of many topics, either of hospital or other interest. At such times, with the smoke, the many voices, and various sounds, this "smoke-room" is a very Babel—to use an idiom—and a sight the like of which you will travel far and not see.

There is another building yet, and that has within it the Anatomical Theatre and Class, the Museum and Dissecting-room. In the Anatomical Theatre there are no backs to the seats, only in the region of the occiput you feel an iron bar, and on the place where you rest your note-book are carved myriads of names of Guy's students, now, without doubt, scattered to the four quarters of the world, yet on these curious benches still dwelling together in old-time friendship.

After *your* open window and almost open-air dissecting-room you at first would call *our* dissecting room "stuffy," did you see it on a mild day, but with some degrees of frost, it becomes the one place at Guys, neither over hot nor cold. There are those (and they are many) by whom the dissecting-room days are held to be the most joyous ones of their career here. Now whether this is altogether a delusion or not I am unable to say, but no doubt amid the multifarious cares of a dresser, the single object of the dissecting room has very many charms.

Of the appointments I do not at present know much The first stage of each one in the wards is that of surgical ward clerk. It is said to be his special function to annoy his dressers, but ward clerks whom I know for honourable men, describe that function as peculiarly possessed by dressers. Now, between dressers and ward clerks there is ofttimes eternal warfare, and in that it is never ending—ward clerk that was and dresser that is, must, for the same man, have some widely opposing qualities. After incubating as a surgical ward clerk comes the next or medical ward clerk stage. This is a period of much hard work, and has not the glitter of assistant surgeon's dresser, when one has the privilege of wearing a forceps in each button-hole. Follows the full dresser, and then you are, perhaps, fit to take tea at Lincoln's Inn Fields or Victoria Embankment, and, mayhap, cause some little amusement to the Examiners. Of clubs of football, cricket, tennis, &c., there is not an end. There is also a Debating Club, where there is much learned talk, each and all sitting like the City Fathers in

Council. But of these another time, as now, with the head and hand and eye all wearying together, must I come to end. Keep well in your mind, with all greetings, your cousin and twice-bound friend,

MAHOMMED JAN ALI.

He was a stranger—dark-eyed and thoughtful—and the tinge on his face is from the sun of the hot south lands. He looked at the shop fronts of musky, foggy London.

Stuffed birds were behind a window. They stopped him.

Stopped, for he knew them—the parrot and the bulbul—the wood sparrow and the golden-crested oriel.

The feathers brought memories –

Memories of white walls and thatched roofs, rhododendrons and the oaks of the hill sides of North India.

Such birds sang by the brooks and on the tree boughs of his country.

But the dark eyes have grown sad, for he knows he is in London, and great seas are between him and his home.

The stuffed birds have been sent across, and the tale of their coming is a sad one.

He had seen the men who shot such birds, and he knew they shot most when the buds of spring were sprouting, and there was a chatter of birdlings in the bird home.

He leaves the window, and his thoughts are on the death cries of the starved little ones.

* * * * * *

In a great room is the stranger in the midst of many Christians.

An excited woman speaks from a platform and shrieks much at the torture of animals—tortured that the great medicine men might heal better their sick brothers.

The pious ones who listen grow wrath, for the name of these medicine men angers them.

The dark eyes have grown sympathetic, for the dark eyes are young, and the words of the bony woman are deceitful.

The light touches the hat of the shrieker and the shadow of a stuffed bird at the hat side is seen by one among the great Christians. The bird is as the birds of the window. It is an Oriel from the hot south lands.

* * * * * *

The flare of a gas lamp strikes a stranger, dark-eyed and thoughtful, and the tinge on his face was from the sun of the hot south lands.

What are the thoughts of the stranger?

He thinks of such who shriek at the torture of animals.

He thinks of the bird at the hat side, and the birds on the trees near his roof thatch.

Anti-vivisectors seem filled with hypocrisy, and deceit is abhorred by that dark face.

HIMALAYAN.

Review.

Notes on Malarial Fevers met with on the River Niger (West Africa). By W. H. Crosse, Principal Medical Officer, Royal Niger Company. London: Simpkin, Marshall & Co., and H. H. G. Grattan. 1892. 8vo, 106 pp.

This monograph from the pen of Dr. Crosse is doubtless the outcome of that habit of keen clinical observation which Guy's has ever fostered in her sons. It is the boast of our School that in recent, as in past years, there have emanated, from its physicians and surgeons, works which are accepted as standard in their own department by all careful students of medical science. We, who have just carefully read the stirring "Biographical History of Guy's Hospital," cannot but feel that the publication of the monograph is a tribute, unconscious it may be, to the memory of those great masters of Clinical Medicine and Surgery who have gone before, and whose spirit is even present in the teachings of our Hospital to-day.

Ten years' experience on the West Coast is no small one, and it enables Dr. Crosse to speak with the voice of authority on malarial fevers; and we may say at once that a distinct charm in the book is the firm expression of personal convictions, the outcome of patient work. There is, at the same time, no disregard of the constituted authorities, and their opinions are treated and discussed with reverence.

In his preface, the author says that "many of the following notes were written some years ago, and were only intended for my own use, and since my return to Europe it has been suggested by the Government of the Niger Territories that I should write a short account of malarial fevers, with especial reference to those I have met with on the West Coast of Africa." But Dr. Crosse modestly refrains from adding that a considerable portion of a hard-earned furlough was given up to putting the notes into a shape acceptable to the general medical world.

The subject falls into two main divisions—Intermittent and Remittent Fever, with their special manifestations, such as ague and blackwater fever; and then the treatment—effects and sequelæ, prognosis and diagnosis—are critically dealt with. In discussing the cause of malaria, the author inclines strongly to the opinion that it is due to the plasmodium malariæ discovered by Laveden, conclusive cultures of which have not yet been obtained; but the inoculation of a healthy person from one having these organisms in the blood is followed by an attack of malarial fever. In discussing the conditions necessary for the development of the plasmodium malariæ, the author mentions "the upturning of virgin soil"; and we have heard it stated on excellent authority that when the surface of the soil in the neighbourhood of the Hospital was disturbed for the railway, an outbreak of ague took place in Southwark and Bermondsey—in ancient times a hot-bed of intermittent fever. The

varieties and clinical aspects of ague are given in detail, and in this connection it is stated, in the author's opinion, that chronic enlargement of the spleen is becoming less common than formerly, owing to the active treatment cases of fever now receive. In remittent fever, special watchfulness is necessary if, among other unfavourable signs, hæmoglobinuria set in, this complication being much to be dreaded; but, as is pointed out on a later page, it is not so serious in import as the lay mind would have it. The presence of hæmoglobinuria in the course of malarial fever constitutes blackwater fever; one of the greatest dangers of which is collapse, another being a form of nephritis which may bring on suppression and malaria. An interesting point, so far as the renal symptoms are concerned, is the great resemblance to the action of certain drugs, such as chlorate of potassium and blackwater fever. As far as the prognosis is concerned, great stress is laid upon cure in the early stages of remittent fever, if the kidney troubles are to be avoided. The author states that a European in Africa may be very ill and yet hardly know it. While in this condition if he exert himself in any way blackwater fever is apt to come on, and may prove fatal; case five in the Notes is given as an example of this. Another form of malarial fever is the *fievre bilieuse hæmaturique* of French writers, which is apt to be mistaken for yellow fever, but which can readily be distinguished by the presence of jaundice in the former, and the absence of it in the latter.

As we should expect, Dr. Crosse's account of the treatment is especially good, and is full of practical and invaluable advice. The question of the administration of quinine is handled in a masterly way, while the value of other drugs in vogue is fairly discussed. In these pages, too, may be found much relating to houses, clothing, &c., which, in the words of the preface, "may seem to be superfluous and out of place; in explanation I have to say that it has been inserted at the request of some of my friends, who, living as they do in an uncivilised country, have, in many instances, no chance of obtaining medical advice." In cases of severe collapse, transfusion of 60–80 ounces of salt solution is advised; failing that, in the absence of a medical man, enemata of the same solution may be administered. The complications of malarial fever are well discussed in a few concise pages.

On the vexed question of the climate we cannot refrain from quoting Dr. Crosse's remarks, "The fevers of West Africa have got a very bad reputation. I have no hesitation in saying that though West Africa is not by any means a healthy place, it is not nearly so bad as it is made out to be. Malarial fever is not the only thing which kills men in Africa. A large number of the deaths must be attributed to great carelessness on the part of the patients." If, as seems to be suggested on p. 17, alcohol be taken by some for breakfast "(about 11 a.m.)," then we need not seek for an explanation of the direful results of West African fever.

A plate, illustrative of the appearance of the blood in a patient suffering from ague, together with temperature charts and notes of exceptional cases, are found at the end of the book.

We have said sufficient to indicate the scope of this monograph, and we feel sure that Dr. Crosse has done much to elucidate a difficult subject in a charming and instructive manner, and it might well be added that the dry humor of the author crops out in two or three places. We would recommend those who are likely to practise in tropical countries to get the book and read it. There is but little that we feel ourselves able to criticise, although in this case critcism would be but a tribute of admiration for the clinical insight and the accurate and painstaking observations herein displayed by the author. It is pleasant to note that he has received much kindly advice from friends both at Guy's and in Africa.

A. H. T.

CALENDAR OF COMING EVENTS.

Jan. 14—1st XV. v. Croydon, at Brockley.
,, —2nd XV. v. Croydon II., at Croydon.
,, —1st XI. v. Reigate Priory, at Reigate.
,. —2nd XI. v. St. Bart's. Hospital II., at Brockley.
,, —Smoking Concert in College. Chair taken at 7.30 p.m.
,,18—1st XV. v. Casuals, at Wormwood Scrubbs.
,, —2nd XI. v. Clapham Rovers II., at Wandsworth Common.
,, 21—Meeting of Physical Society "Uræmia," Mr. J. A. Howard.
,, —1st XV. v. Leicester, at Leicester.
,, —2nd XV. v. St. Thomas II., at Lambeth.
,, —"A" Team v. Brockley II., at Brockley, Opponents' Ground.
,, 21—1st XI. v. Surbiton Hill, at Surbiton.
,, —2nd XI. v. Old Wilsonians II., at Brockley.
,, 28—Meeting of Debating Society—"Disestablishment and Disendowment of the Church in Wales." T. B. P. Davies, M.S.
,, —1st XV. v. Rosslyn Park, at Brockley.
,, —2nd XV. v. St. Bart's. II., at Balham.
,, —1st XI. v. Vampires (Surrey Cup Tie) at Brockley.

GUY'S HOSPITAL DEBATING SOCIETY.

The next meeting of the above Society wfll take place on Saturday, January 28th—and not on the 14th, as previously announced—when Mr. T. B. P. Davies, M.S., will move: "That this House considers that the time has now arrived for the Disestablishment and Disendowment of the Church in Wales."

THE INDEX FOR 1892 is issued with this number, and Subscribers desirous of having the volume of 1892 bound, should leave it with the Librarian at their earliest convenience. The charge for binding in blue cloth, with the Arms of the Hospital in gold, will be One Shilling and Sixpence.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1892 bound, should leave them with the Librarian as soon as possible.*

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Guy's Hospital Gazette,

JANUARY 28, 1893.

THE NEW UNIVERSITY OF LONDON.

FROM ONE POINT OF VIEW.

II.

The controversy regarding the construction of a new, or the reconstitution of the present University of London has entered upon a new phase. In the London educational world there had, till lately, been a lull in the storm produced by the collision of various contending interests. When the subject was placed in the hands of the present Royal Commission, the Gresham University Scheme was daily receiving more and more support; there was a quiet disregard of the opinion of the members of the present University, and an abstention on their part from any public action in the matter.

During the last fortnight the preservative instinct of the London graduates has once more asserted itself. A dread of the consequences of the recommendation, by the Royal Commission, of the Gresham University Scheme has led the Senate to forward to the Commission "a distinct expression of opinion," and Convocation has passed a report presented by its Committee, which report will also be sent to the members of the Commission for their perusal and consideration. What amount of attention should be paid to these two complications which have developed to trouble the Royal Commission on the eve of the termination of its labours?

The Senate is prepared to accept a new Charter, under which it would (1) establish and incorporate with the University, faculties in arts, science, laws and medicine, (2) establish boards of study in each faculty, (3) incorporate with the University teaching institutions of the higher rank, and (4) provide for the adequate representation of the professoriate on the Senate. Thus newly incorporated, the Senate would establish professorships and lectureships, and take a more direct part in organizing teaching and promoting scientific research.

The Report of Convocation is an even less generous concession to the wants of London students. Starting with the assumptions that a Teaching University is desirable and there should be only one university in London, Convocation has stated its wish that the present University of London should be modified in such a way that it may become a Teaching University. (1). There should be established faculties in arts, science, laws, medicine, divinity, music and technology; (2) boards of study in each of these faculties; (3) teachers should be appointed by the University in the higher educational institutions; but these institutions should not be incorporated with the University, nor should professorships be established; (4) the Senate should be modified, and the influence of Convocation thereon should be increased.

The scheme of the Senate, if carried out, would mean that the system of a medical school, such as Guy's, would be very slightly altered. Guy's would be one of the higher educational institutions incorporated with the University; some members of our Staff would be on the board of studies of the faculty of medicine; most of our teachers would also be appointed by the University of London, and probably parts of their salaries would be paid by it; occasionally a senior member would be the University Professor in Medicine, or Surgery, or Science.

It will thus be seen that some concessions have been made to the repeatedly expressed opinions of teachers and pupils in London: such a scheme might advance the interests of higher education in London.

But, in considering the merits and demerits of the Scheme of Convocation, a very impartial mind is required; for the manner in which the scheme was introduced is calculated to bias the most just of men. Mr. Lemon, the chairman of the Committee of Convocation, in introducing the Report, said that "the members of the University could not resist the onward progress and change which was taking place around them. It might be a little hard to give up old associations and traditions, * * he did not think anything could be more fatal to the value of their degrees than that there should be standing side by side with them, a new University, which might call itself by a new name, but whose degrees might after all be confounded with those of their own, upon which they now looked with so much regard and respect."

After such a prelude it is easy to believe that anything but a generous measure had been brought forward: yet even such concessions as have been passed, were passed with much discussion and dissent.

It is a very grave misfortune that the acceptance or refusal of any scheme proposed by the Royal Commission for the reconstitution of London University, should lie in the power of a body so selfish as Convocation has shown itself to be. We believe we speak fairly when we say that the graduates went to that meeting actuated by one common impulse, determined upon one thing: *the value of the degrees they had taken should not be lowered:* no consideration of the wants of other London students, no interests of higher education, no expression of influential

opinion shall move us from that—*we will not have the standard lowered.* Surely their Chairman's speech in plain English means this:—our paramount consideration is the value of our degrees: that value is threatened by the proposal to form a new University: yet a Teaching University must come: therefore we will modify ourselves to form a Teaching University, at the same time carefully safe-guarding our own interests.

The inadequacy of this stingy concession is manifest when the history of the controversy is considered. The idea of a Teaching University is only one out of many reforms which have clustered round the main reform inspiring the agitation. The stimulus and the support of that agitation has been the request for an M.D. degree of a standard on a level with that of other Universities. This request is dismissed in a couple of sentences: "other Universities, by conferring the degree of M.D. on a less difficult educational test than the examinations of this University, tempt students away from the London medical schools with their unrivalled facilities for clinical instruction: the true remedy would appear to be that those Universities should cease to confer the M.D. degree on such easy terms."

The true remedy! What remedy could be less feasible, more utterly impossible than that all other British Universities should lower the standard of their M.D. degree, in order that there should be no depreciation in the value of the degree held by the graduates of London University.

However, the matter is now in the hands of Earl Cowper's Commission. If the Commission's proposal is thwarted by the selfish interests of the graduates of London University, we can only hope that these gentlemen will be forced to yield, even if an Act of Parliament is required to remove the obstruction they offer.

A GUY'S LONDON GRADUATE.

Hospital News.

IN THE WARDS.

UNDER DR. GOODHART.

Nervous Cases:—

PHILIP 16.—A. E., æt. 20. Peripheral neuritis. Patient was a navvy. Muscular wasting; no loss of sensation; knee and wrist jerks absent. Treatment: injections of strychnine.

MARY 17.—M. H., æt. 62. Paralysis agitans.

MARY 23.—I. P., æt. 27. Locomotor ataxia. Gastric crisis; "Argyll-Robertson pupil;" muscular inco-ordination; knee-jerks absent; impairment of sensation. Suspension treatment.

MARY 24.—M. A. R., æt. 18. Cerebral tumour. Severe headaches; blindness; double optic atrophy. Relief of headaches by application of leeches to temples.

PHILIP 2.—C. P., æt. 60. ? Meningitis.

Heart Cases:—

PHILIP 3.—R. S., æt. 20. Acute rheumatism (third attack); aortic and mitral regurgitation; Apical presystolic, aortic systolic and diastolic, axillary systolic and diastolic bruit. Compare this case with—

MARY 13.—I. P., æt. 27. Mitral stenosis; Apical presystolic bruit, diastolic to left of sternum. ? Pulmonary regurgitation. Œdema of lungs.

PHILIP 15.—Alfred M., æt. 11. Mitral regurgitation. This is a very typical case showing results of backward pressure, with the exception that, throughout, lung lesions have been remarkably absent.

MARY 18.—Acute rheumatism; mitral regurgitation; pneumonia. For this rare complication of acute rheumatism see also Philip 17 (lately gone out).

Lung Cases:—

PHILIP 13.—H.D., æt. 47. Bronchitis and emphysema; well-marked cyanosis and dyspnœa considerably improved by venesections and inhalations of oxygen.

PHILIP 8.—P.F., æt. 26. Phthisis; hæmoptysis.

PHILIP 5.—R.H., æt. 7. Bronchitis; catarrhal laryngitis.

MARY, Cot 53.—T.P., æt. 2. Broncho-pneumonia.

Kidney Cases:—

PHILIP 1.—T.B., æt. 40. Chronic tubal nephritis; pleurisy. This case presents well marked albuminuric retinitis. Compare the discs with Philip 39; Mary 20 (early stage); Mary 24 (optic atrophy).

PHILIP 18.—D.H., æt. 42. Acute attack on chronic tubal nephritis. Ascites.

MARY 16.—A.M., æt. 53. Chronic tubal nephritis, acute attack; hæmaturia; headache; high tension pulse; accentuation of aortic second sound.

PHILIP 6.—B.S, æt. 6. Aortic disease and distinct kidney lesion or (?) ulcerative endocarditis and secondary kidney; temperature; œdema; retinitis; purpuric petechiæ; urine:—albuminuria, hæmaturia, casts, epithelium, pus, œdema of lungs.

PHILIP 12.—C.V., æt. 30. Diabetes; relief. Patient has not passed any sugar for 26 days: gradual diminution of opium.

Stomach Case:—

MARY 19.—S.A.P., æt. 56. Carcinoma of pylorus.

UNDER MR. LUCAS.

ACCIDENT 2.—J. S., æt. 42. On December 19th, patient fell off cart and wheel passed over his jaw. His lower jaw was fractured vertically just external to the symphysis. Canine and incisor teeth were loosened and mucous membrane torn. He also complained of loss of sight; he could see people but indistinctly. A Hammond splint was applied in the Dental department, and the parts are now in apposition and the teeth firm. He is recovering his sight, and by now (five weeks since the accident) sees well enough to "read a bit." This defect in the eye-sight was probably due to some hæmorrhage on the optic commissure.

ACCIDENT 9.—W. C., æt. 64. On January 15th, patient fell down some steps at 11.30 p.m. on left temporal region

and remembers nothing more till next morning. He was brought at once to Hospital. Was unconscious; left pupil larger than right, both reacting to light; pulse 68, regular, full and soft; no collapse. Hæmatoma over left anterior temporal region, and a supposed depressed fracture; partial paralysis of left side of face and arm; legs normal. At 3 a.m. an incision was made over the hæmatoma, but no fracture found; the depression probably due to rupture of temporal muscle. After this the paralysis slightly increased, and the temperature on the right side was higher than on the left. In smiling, right corner of mouth raised more than left. The tongue is protruded to the right.

JOB 5.—G. D., æt. 45. Radial cure of left inguinal hernia. The scrotum contained a mass about size of the fist. At the operation, an incision 4½in. long made on the scrotum extending to external abdominal ring; on dissecting through the coverings of the sac, some serous fluid escaped from a cyst and from the abdomen. A part of the sigmoid flexure had come down with its mesentery, which was adherent to the sac and formed part of it. The bowel was pushed back, and with it that part of the mesentery which formed part of the sac. The neck was closed by three "to and fro" stiches of strong gut, and the remainder of the sac sewn up with finer gut, but it was not removed. Silver wire sutures. Patient is rapidly recovering.

CHARITY 5.—C. C., æt. 31. Old case of syphilitic stricture of the rectum. Three miscarriages, but no definite history of syphilis. Operated upon in the Hospital four years ago, as on the present occasion, and considerably relieved. But the stricture began to return about a year ago, and gradually growing worse, with history of pain on defæcation and yellow purulent discharge. It is situated not far from the anus, and is about two inches in length, chiefly composed of circular bands just admitting tip of finger. On January 19th the bands were divided and the rectum distended, and some sinuses round the anus freely opened and drained. Temperature rose to 102° after the operation, but soon fell.

CHARITY, Cot 13.—A.H. æt. 3. History of a fall on December 12th, followed by pain in right thigh and ankle, inability to walk, with swelling of thigh, inflammation of ankle, much pain, but no pitting on pressure, and vomiting. Fluctuation almost everywhere in thigh. On December 20th, an incision made on outer side of thigh, at external condyle, ʒ ij pus escaped. 2nd communicating incision in middle of popliteal space, and 2—3 ʒ pus drawn off; drainage tube passed through. 3rd incision on upper part of inner side of thigh; much serous effusion drawn off, but no pus; abscess over the inner malleolus also opened; os calcis was laid bare; wounds scraped. The ankle healed up well, but as the thigh still remained much swollen and painful, on January 12th, an opening was made on the front of the thigh, and much pus again evacuated, and a space discovered which could be followed up to the neck of the femur. The whole thoroughly syringed out.

CHARITY, 21.—F.C. æt. 6. Sarcoma of Kidney. History of a fall backwards across a rail in early part of November, followed by pain round umbilicus, loss of flesh, an umbilical hernia, vomiting after three weeks, and on December 23rd a large tumour found over left kidney, tender on pressure; temperature 102°; pulse rapid and irregular. On December 29th, Mr. Lane explored and found a large, hard, sarcomatous growth attached to upper and front part of left kidney, and closely adherent to abdominal walls above and in front, but free laterally and behind; many hard nodules in the mesentery; owing to the adhesion nothing was done. Since then, the sarcoma has grown much, and there has been discharge from the wound of fluid which was probably urine.

UNDER DR. TAYLOR.

STEPHEN 6.—A.P., æt. 33. Was admitted January 3rd, for œdema and shortness of breath. Patient for the last twelve years has been a barman, and drunk moderately beer and gin. There is no family history of kidney disease. Patient has had rheumatism several times. About six years ago patient became dropsical, and since then he has attended various institutions during his different attacks. In 1891, he was under Mr. Durham for fractured coccyx, and was then removed under Dr. Pye-Smith, an attack of albuminuria coming on (report lost). A month before his present admission, patient had an attack of rheumatism, and at the same time he noticed his scrotum and ankles were swelling. On admission, his face and abdomen were also swollen, and there was a fair amount of albumen in his urine. Circulatory system, pulse 84, irregular, high tension. Heart impulse diffused. Area of patient's precordial dulness increased. At the apex, systolic murmur; not traceable into axilla. At the base, a shuffling and reduplicated second sound. Respiratory system 22, rather shallow. Lower base slightly dull, with deficient T.V.F. and coarse râles heard at both bases.

Patient has now been in three weeks; the quantity of albumen in the urine, after increasing at first, has now become less, and the œdema has quite disappeared. The heart symptoms have now become more pronounced, there being a quadruple beat at the apex, with a harsh systolic rub over the area of precordial dulness, and a harsh to and fro sound in the middle line, from the 5th to 3rd ribs. In the respiratory system, the dulness at the bases has increased to about half-way up the scapula, with coarse râles and diminution of T.V.F. and voice sounds.

MARY 50.—E. G., æt. 27, married. Sent up to Mr. Jacobson for hydro-nephrosis. Referred to the medical side under Dr. Taylor, January 17th. Healthy previously; only had one illness, nephritis, two years ago, which lasted three weeks. Has had two children, aged six and four, one healthy, the other has hip disease. Good family history; is not pregnant; is regular; last flow at Christmas. Admitted for sweating at nights; pain in abdomen; cough and wasting; ill since Christmas:

abdomen on examination swollen, soft; no enlarged organs; very tympanitic all over the front; dull in flanks; on turning patient over on left side the right flank becomes resonant; the left flank still remains dull when uppermost; great pain on this side; pulse rapid and weak; temperature 102°; respiration 36; heart normal. *Respiratory System*:—Very hyper-resonant in front; partial dulness in both axillæ; at back, both left bases are quite dull, as high as seventh space on and ninth on right side; apices clear; vesicular murmur absent in the dull area; small patch of œgophony on left side; T. V. F. absent. An exploring needle put in left side; clear fluid drawn off; no pus; urine normal, a good deal of bladder epithelium in it. January 19th—Condition of abdomen changed; patient's bowels have only acted once slightly since the 15th. On percussion, abdomen dull all over except in right hypochondrium and epigastrium; great tenderness in the lumbar region over the cæcum. January 20th—Patient is somewhat better to-day; coughed a good deal after the operation yesterday; abdomen the same though scarcely so tender; chest sounds still the same on percussion; œgophony less marked; vesicular murmur faintly audible at the bases behind; still hyper-resonant in front.

STEPHEN 7.—Emphysema and chronic bronchitis.

STEPHEN 15.—Mitral regurgitation; pleurisy. Twice tapped.

STEPHEN 17.—Æt. 40. Œdema of legs; mitral and aortic regurgitation: repeated attacks of rheumatic fever. July, 1892.—Œdema; enlarged liver; râles at base; no bruit; heart beats tumultuous and irregular. Treatment: digitalis. Bruit systolic at apex heard later. August—Apical systolic not heard; diastolic aortic appeared. October—Re-admitted; œdema; irregular and quick pulse; systolic at apex. December—Re-admitted; heart beats 150, feeble; harsh apical systolic bruit. January—Systolic in aortic, apical, and pulmonary areas (order of distinctness). Pulse 60, and irregular; fuller on right side.

STEPHEN 18.—A. S., æt. 22. Complains of pain in lower part of sternum passing through to right scapula. Some gastric symptoms; faint systolic bruit at apex; pain does not depend on food. Improvement after two weeks. Systolic bruit still audible; pulses nearly similar; no increased dulness.

STEPHEN 19.—Malarial Cachexia. Enlarged liver and spleen; no leucocytosis. Inhalations of oxygen thirty litres per diem.

MARY 46.—H.G., æt. 30. Admitted November 30th, for intense headache and vomiting. Parents alive and healthy; scarlet fever causing deafness and discharge from both ears; small-pox; blow on head one week previous to admission; intense headache one week previous to this accident, and sickness; constipation and drowsiness appeared at the same time. All these symptoms present on admission. Temperature 102·6. Abdomen retracted; no spots, no tache cerebral; spleen and liver normal; pupils equal, no optic neuritis; no paralysis; reflexes normal; no local tenderness in neighbourhood of ears. Respiration laboured 28. Since admission (two months) temperature has somewhat resembled a typhoid course. Vomiting frequent. Discharge from ears, and headache intermittent.

PRIVATE ROOM, ADDISON.—H.C., 22, servant, admitted for disorderly movements of limbs. No history, except a shock six months before admission. Twitchings of right hand followed by convulsive movements of right arm; face muscles affected later, and then muscles of left side; speech also affected; systolic bruit in third left space; reflexes normal; no anæsthesia. Later patient complained of pain in muscles and joints. Temperature 103°. Delirious. Pain abated and temperature fell. Patient passed into a state of noisy melancholia.

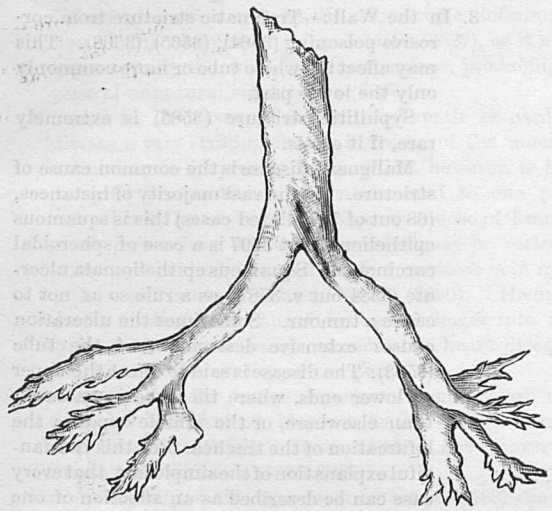
MARY, COT 57.—January 1st, diphtheria; tracheotomy. January 10th, post-diphtheritic paralysis.

MARY 38.—Æt. 22. Diabetes; 4,480 grs. sugar per diem; papillitis. Liq. Pancreaticus ʒ ss. t.d.s.

MARY 40.—Peripheral neuritis.

UNDER DR. SHAW.

PHILIP 5.—R.H., æt. 7. Admitted January 7th for dyspnœa; cough. History of a former "croupous" cough. Attack was preceded by a slight cold. On admission, the cough and dyspnœa were very severe, so much so, that at one time tracheotomy was considered. Temperature 103°. Symptoms were relieved by a hot bath; further treatment was by expectorants and steam inhalations. No membrane could be seen, but râles and rhonchi heard all over chest. With the exception that there was occasional return of the severe paroxysmal "croupous" cough, patient progressed very well until the 21st inst., when he became rapidly worse. At 10 p.m., Dr. Shaw saw patient and found him very exhausted and presenting evident signs of giving up the struggle with the increasing dyspnœa or cough, advising immediate tracheotomy. Operation performed successfully. On the 22nd patient improved. At 7-45 p.m. on the 23rd, during a violent paroxysm of coughing, patient ejected through the tube a large tubular cast of the lower part of the trachea with the bronchi and smaller bronchial tubes. The cast was membranous in character, white, hollow, bronchial portion faintly striated longitudinally, and in such excellent preservation that the anatomy of the parts could easily be made out; tracheal portion 2 inches in length, ½ inch in diameter; right bronchial portion, 1 inch long, ⅜ inch in diameter; left ditto, 1⅛ long, ¼ inch in diameter. We append a rough diagram of the cast to give an idea of its shape. Patient going on as well as can be expected; there has been some rise in temperature. The diagnosis when patient first came in was catarrhal laryngitis and bronchitis; since the emesis of the cast, the diagnosis rests between plastic bronchitis and a diphtheritic attack of catarrhal laryngitis.



Casts preserved in the museum:—

a. Membranous, 3155 (? diphtheria).

b. Plastic bronchitis, 2 examples, 3210, 3211.

c. Blood casts, 3212.

d. Pnuemonic casts, 3219 (Dr. Allison).

Considering these casts with reference to the present example, (*c*) and (*d*) may at once be rejected, for, in this instance, there was only slight hæmorrhage (after tracheotonomy), and the colour of cast being also against (*c*). As regards (*d*) physical signs entirely absent.

The casts classified under (*b*) are only of one bronchi with its bronchioles, and in both instances they are solid. Dr. Taylor, in his book, says that in most cases the tubes are not solid, except those from the very smallest tubes; in the present instance the cast is tubular throughout.

In support of (*a*). The variety of plastic bronchitis must be noticed, for on searching the medical reports of the last eleven years only one case is classified as such, and that was in 1890 under Dr. Pye-Smith (case 223), post-mortem revealing plastic bronchitis and lobar pneumonia; during life numerous casts brought up, but no mention was made in the report whether cast was solid or not. On the other hand, absence of membrane, and subsequent events since admission seem entirely against diphtheria; although there has been no case of diphtheria in Philip, it is quite possible patient may have contracted it since his stay in the hospital, and in that case, it would be secondary to his previous catarrhal laryngitis and bronchitis. Subsequent events may explain the problem.

ACKNOWLEDGMENTS.

"West African Notes," by A. R. F. Eversheed. The "Hospital." The "Corpuscle." The "St. Thomas's Hospital Gazette." "Food, Drugs, and Drink."

DEMONSTRATIONS IN PATHOLOGY, WITH REFERENCE TO SPECIMENS IN THE PATHOLOGICAL MUSEUM.

BY DR. SHAW.

THE ŒSOPHAGUS.

Pouches which gave no symptoms during life; such pouches, however, may cause death; *vide* museum of Royal College of Surgeons. They are either

1. Congenital (3552); distinguished by healthy mucous membrane, and absence of adhesions to parts outside.

2. Caused by the action of muscles on a point fixed by adhesions to the bronchus or other less movable organ, the adhesions being due to caseation of a mediastinal gland (3553).

3. Caused by bursting of a suppurating gland into the tube (3551).

Retention cysts containing mucus may bulge into the tube or externally (3555).

Post-mortem solution, seen oftener in healthy men suddenly killed than in hospital patients. The high-water mark, generally about the level of the cricord, may be seen as a wavy line. The solution may take place in lines, the gastric juice coming into contact only with the crests of the longitudinal corrugated folds of the mucous membrane (3556), or it may leave only small islets of unaffected mucous membrane (3557)—this specimen was mounted as one of "multiple papillomata of œsophagus." The solution may go on to perforation (3559).

Inflammation.

1. Acute œsophagitis (3570) occurs spontaneously in patients dying of something else. But in these cases the rugged ulcerated mucous membrane looks very suspiciously like corrosive poisoning: possibly accidental or suicidal administration of corrosives may explain all such cases.

2. Corrosive poisoning by sulphuric acid (3561), by soda (3562).

3. Phlegmonous (3571), pus extending from mediastinum and bulging the mucous membrane inwards.

Results of Inflammation.

1. Ulceration.

a. Gastric ulcer (3576), also called round ulcer, being commonly oval in shape, found near the cardiac orifice.

b. Pressure ulcer (184); two small ulcers corresponding in position and shape to the ends of a tracheal cartilage.

c. Variolous ulcer (3577). The pustules of variola may occur in the œsophagus.

d. Tuberculous ulceration of the pharynx or larynx (q.v.) may spread into the œsophagus.

e. Distention ulcers may occur, as they do, in the intestine or bladder. 3575 was from a case of cancer, in which such ulcers are rare.

f. Cancerous ulcers v. Obstruction.

2. Stricture v. obstruction.

Hypertrophy and Dilatation.

Passive Dilatation. The explanation of this condition is not easy: whether it be due to some transient obstruction, all signs of which have disappeared, or to some paralytic condition of the muscles or nerves, cannot be said. A case of a young woman with some difficulty in swallowing from birth, causing occasional "sticking" in the act, ended fatally at 18. But a farmer with a similar congenital affection, lived till he was 92.

Obstructive Dilatation (3596), the common form.

Obstructive Hypertrophy (3589), equally common.

Hypertrophy of doubtful origin (3572 and 3573). In neither of these cases was there any obstruction, unless the enlargement of the heart which was present in both of them, caused obstruction; but enlargement of the heart does not generally do so any more than other intrathoracic tumours, which simply push the œsophagus aside without producing symptoms in it. In both the mucous membrane is hypertrophied as well as the muscle.

Growth.

1. Primary.

Myomata (3578 and 3579) are common, but give no symptoms.

Malignant growths, v. Obstruction.

2. Growths implicating œsophagus by extension, v. Obstruction.

Obstruction.

I. Functional. A kind of stammering of the œsophagus similar to that of the organs of speech or bladder is sometimes observed.

II. Organic.

1. Inside the tube:—Foreign bodies with sharp projections, *e.g.*, a tooth-plate or bone, may get stuck in the œsophagus. So also a piece of pudding, or a halfpenny (3567, 3568, 3569). It is unusual for growths to project so as to cause obstruction, but a sarcoma may (3598), and still more rarely an epithelioma (3587).

2. Outside the tube:—The mobility of the œsophagus is such, that tumours, &c., rarely cause obstruction in it. But in 3604 an aneurysm did so; it finally opened into it, and the stomach was post-mortem found to be distended with unvomited blood. And by adhesion caseous glands (3602); and also carcinomatous glands (3603) may press on it. Pouches when distended may hang down, and press on it below their orifice.

3. In the Wall:—Traumatic stricture from corrosive poisoning (3564), (3565), (3566). This may affect the whole tube or more commonly only the lower part.

Syphilitic stricture (3585) is extremely rare, if it exists.

Malignant disease is the common cause of stricture. In the vast majority of instances, (68 out of 70 collated cases) this is squamous epithelioma, but 3597 is a case of spheroidal carcinoma. Squamous epitheliomata ulcerate (3584 but v. 3587), as a rule so as not to cause a tumour. Sometimes the ulceration causes extensive destruction of the tube (3593). The disease is said to affect the upper or lower ends, where the tube is narrower than elsewhere, or the middle opposite the bifurcation of the trachea. But this is a fanciful explanation of the simple fact, that every case can be described as an affection of one or other of these regions, and in reality all parts are equally liable to it. Secondary deposits are unusual; but v. 3585. Direct invasion of the larynx (3581); of the trachea (3582); of the lung (3583); or the pleura may occur; or the aorta (3591) may be opened. In 3595 the growth extends through the diaphragm.

THE STOMACH.

Pouches may be formed (3610), either by traction from outside or from some local weakness of the wall.

Hour-glass contraction. After death the stomach may be found to be contracted more in the middle than elsewhere; this is merely accidental. But a congenital hour-glass contraction is more marked and permanent possibly a fœtal relic. A similar condition in 3614A seems to be the result of an ulcer and cicatrization: cf. pyloric stenosis after ulceration. But the specimen is open to the other interpretation of an ulcer having formed on the site of a congenital constriction.

Injury. External violence, *e.g.*, a stab or a crushing accident may cause rupture of the stomach walls (3617), or of the mucous membrane only (3616). The presence of gastric ulcer makes this result of such accidents more probable.

Internal violence (3615), from over distention by blood from a ruptured aneurysm. The stomach of the knife-eater (3619). Surgical operations. Gastrotomy, gastrostomy, or gastro-enterostomy (3632).

Post-mortem solution. This is said to occur more often in hot weather, but the Guy's P.-M. Records do not confirm this. Perhaps it depends more on the interval of time between the last meal and death. There may be perforation, which will be distinguishable from the ante-mortem ulceration by the absence of peritonitis and the ragged edges of the aperture (3625). The process may be confined to patches of the mucous membrane, and will then be distinguishable from

diffuse ulceration only by the microscopic determination of the absence of inflammation (3627), or it may affect equally the whole mucous surface, producing a general unnatural smoothness (3626).

Congestion. In cases of obstructive hepatic or cardiac disease a very striking change in colour of the mucous membrane is frequently seen, which, however, is lost in spirit preparations. When confined to one part only, it may be explained perhaps by a dose of brandy given just before death. The veins may be varicose from hepatic cirrhosis, and such a varicose vein may rupture and cause fatal hæmorrhage (3630). Hæmorrhagic erosions are caused by hæmorrhages into the mucous membrane, most commonly in heart disease, which lower the vitality of the part.

Mamillation of the mucous membrane giving an appearance like that of Morocco leather is sometimes associated with Bright's disease, but is not known to have any importance (3686, 3687).

Undue Rugosity of the mucous membrane (3688) shewn by sections not to be growth, though the appearance is very like that of an early case of cancer.

Gastritis.

A. Recent.

1. The slight gastritis clinically recognised by vomiting, tenderness and pain after food, is recognised by congestion in fresh specimens and by histological evidence in spirit preparations.
2. False membrane is found in certain cases and is called gouty for want of history of administration of irritants. Arsenic may produce it (3654, 3633).
3. Phlegmonous (3652, 3553), large swellings containing pus are rare.
4. Sloughing; causing detachment of the mucous membrane (3638), which may then be vomited (3639), (3634), (3647). Punctate ulcers (3636) may be due to patches of localized sloughing
5. Perforation (3648).
6. Charring by hydrochloric acid (3631). Tracheotomy was performed in this case to relieve the respiratory symptoms set up by the fumes of the acid.
7. Thickening (3637) due to exudation.

B. Conditions due to long antecedent inflammation.

1. Stenosis of pylorus from irritant poisoning; the scarring caused by irritant poisons is more often confined to the pylorus, or perhaps some other part, than generally distributed throughout the stomach.
2. General contraction of the stomach may also be caused by irritants. One holding only two ounces has no history of irritant poisoning connected with it. In another case the history was only extracted with difficulty, post-mortem. Probably when wanting it may be taken for granted.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—Dr. Halstead's letter on "The New University for London," is hardly fair to me, the writer of the article he criticises; would you allow me some of your space in which to reply to him.

I would cordially endorse many things which he says. The genius of London University has something attempted, something done, and may congratulate himself on his success; the value of the work done by London University does need a most eloquent tribute; the greatest and the wealthiest city in the world, ought to have and to endow generously the grandest Teaching and Research University in the world. Surely, too, Dr. Halstead would be delighted at the prospect of an easy settlement of any difficulties hindering the advent of such a University.

"The London University has done most effectively all that it has at present aspired to do, *i.e.*, to indicate lines of study; to admit to its examinations with a most liberal spirit all those who by reason of sex, or by lack of money or opportunity, could not enter the narrow gates of other Universities, to grant the status of a degree to those who passed a satisfactory examination." But are these all the aspirations of London University? Are they not rather the applications of a deeper principle; *i.e.*, to indicate the lines and advance the studies of those children of the middle and upper classes, especially of those living in London, who by reason of sex, or by lack of money or opportunity could not enter the narrow gates of other Universities? While acting as an Imperial Examining Board, has not the London University especially entrusted to its care the advancement of the learning of students in London?

"So far as I know," says your correspondent, "not a single argument has been put forth to support the idea that to improve the state of learning in London, and to advance research, it is necessary to lower the standard of degrees." Is it not a fact, patent to every medical student, that, if a University degree of the standard of other British Universities were to be obtained in London, the majority of medical students would work harder to attain to that degree, instead of resting contented with the diploma of the Colleges? I believe it is almost a mark of capacity below the average for an Edinburgh man to take only the diplomas of Edinburgh Colleges.

Dr. Halstead has mistaken my meaning when he deduces from that article that I fancy all provincial medical schools are deserts. On the contrary, teachers of the highest repute, and clinical material in great abundance, are well known to be found in some provincial schools. Taken in a common-sense way, "London students labour under a disadvantage of such gravity as to lead hundreds of men to study at Edinburgh, Newcastle, Manchester, and Dublin, in preference to London. It is for the good of the community at large that such disadvantage be removed," does not suggest that "all

medical students in the British Isles should come to London to study." It was meant to indicate that many men living near London, and many at places about equi-distant from London, and a provincial school, choose the latter on account of the difficulties to be met in the acquirement of a University degree in the Metropolis. Many students who have qualified in London can recall cases of friends who have lived near them and who have gone to a provincial school, and cases of friends who, after completing their course in London, have studied for a year or two more at some provincial centre in order to take the degree of M.D. there. At all events these facts are accepted by a body which, under the present circumstances, would be least willing to recognise them. The Senate of London University stated in their recent report to the Royal Commission that "other Universities, by conferring the degree of M.D. on a less difficult educational test than the examinations of this University, tempt students away from the London medical schools with their unrivalled facilities for clinical instruction."

A man who has lawfully acquired a £5 note is lawfully justified in wishing its value to be maintained; but when considering the graduates of London University composing the House of Convocation, one looks for more than a mere selfish desire to maintain the value of their degrees. Of course, in many cases, they are justified in endeavouring to maintain the standard; but in the present controversy, consideration for the advancement of learning and for the opinion of the large majority of London teachers and students might be expected to overcome this selfish interest. Yet Convocation prevented the formation of a Teaching and Research University by rejecting, by a majority of 461 to 167, the scheme of the Senate laid down on the lines of Lord Selborne's Commission, and in their present spirit they will do what they can to wreck any similar scheme.

I would suggest to Dr. Halstead that it is scarcely wise to hold up the "ethical standard of modern educated medical England" to execration. He seems to be prompted to this by my charging sundry interested bodies with selfishness; yet he endorses my charge by adding two more to my list, and repeating that these two are as selfish as the ones I had named. He gives little reason, too, for imputing selfishness to London medical students and the teachers of London medical schools. "London medical students want a cheap M.D." If the Edinburgh, Manchester and Dublin M.D.'s are "cheap," this is true; but even then there is no reason for imputing selfish motives.

No, the be-all and end-all of this University is not to be a mere diploma-shop; but if London University is to be reconstituted, a means must be adopted to meet the wishes of London students. The "M.D. clamour," as Dr. Halstead calls it, was the origin of the present University in the thirties. If only a policy of give and take is carried out, the "M.D. clamour" (the backbone of the present agitation) will be the cause of a remodelled University, which, while carrying on the traditions and reputation of the present one, will render even greater aid to the advancement of learning in the future than in the past.—Yours faithfully,

"A GUY'S LONDON GRADUATE."

P.S.—If this reply is not sufficiently full, I would refer Dr. Halstead to the leading article in the *British Medical Journal*, January 21st, 1893.

THE NEW UNIVERSITY FOR LONDON.

DEAR SIR,—As simply a diplomate, I am not in sympathy with Dr. Halstead's letter in your issue of the 14th inst., its interested vein perhaps belongs naturally to *beati possidentes;* but to indicate the tenor of this letter, I would deprecate continuing his heathen Chinese cycle, preferring to welcome a thousand years of Europe and progress.

That London, the metropolis of the whole world, requires a university as a true teaching school of liberal arts and sciences, has been the outcome of ten years special deliberation; and the mandate of the Privy Council, who will ultimately no doubt recommend it to Parliament, has stamped the matter as proven.

All the groupings of the faculties which can be taught in the New University for London have not been decided upon; but, on the other hand, it is definitely understood that it will be a teaching and an examining body in, at any rate, those comprehensively embraced under the headings of Medicine and Law. So far as law is concerned, agitation—for the redress of their disabilities—has been rife amongst the members of its existing corporate examining bodies, for many more years than the diplomates of London in medicine have sought to amend their specific grievances and fettered position. The latter have given their acquiescence and active support to a Teaching University for London, which, if it answer the purpose intended, will give the diplomate of the Royal London Medical Colleges the opportunity of obtaining a doctorate degree in medicine.

The points I wish to be brought prominently forward are as follows:—In the realization of design, it should be aimed at placing the New University for London on a footing to command a growing eminence amongst the well-known universities of the world. The dominant nature of the higher standards required are those of exacting technical skill and precise practical deductions, as in marked contrast to the former empirical dialetics, accepted of the alumni of old Surgeons' Hall or tolerated with the higher degrees. The large mass of clinical material and picked teaching existing in London should be rendered entirely available for the graduates at the university in the similar manner prevailing at Paris and at Berlin; the desirability of this scheme has been upheld and forcibly worked out lately by Mr. Eric Erichsen.

Another factor that will make the new university largely representative of London is the suggested power which has been prominently proposed, in part by Professor Huxley, namely, that of embracing any existing teaching facilities, and to amalgamate and consoli-

date interests having the same purpose in view, so as to unite power and action for teaching and instruction. Whether the professorial chairs, and their assistants, &c., &c., will be endowed by a Government educational board or not is a secondary consideration, for future legislation.

Biological experiment is necessarily and relatively just as important as practical experiment in chemistry or physics, and should receive its due impetus in the new organisation, or we cannot hope it will attain the elevated position reached by our intermediate and continental neighbours, concerning and with regard to the true foundations of irreputable "experimental knowledge," and if necessary its objects of alleviating the definite conditions found at the earliest period that a remedy avails.

As to the name, if the outcome of the Privy Council's recommendations for a London teaching and examining University, is to be worthy of the great City with its immense resources, its accumulated repositories of knowledge, and to be endowed handsomely with some of its fat wealth, why not know and recognise it as "The London University," or "The Royal London University."

The old University of London as a mere examining body, and other bodies refusing incorporation under the "Amalgamating School" for the new University, could still have their Senates, Convocations, Councils, etc., and issue to all conforming applicants their high competitive degrees; ut the lower grade examinations of the Royal College and Apothecaries' Society, unless adopted as part of the curriculum or previous step to the new Doctorate degree, would probably be very soon improved out of existence. The entry arts examination seems to me a most important question. It is a provoking position for an uninitiated, but not culpably ignorant tyro, to subsequently realise, that certain preliminary examining bodies in arts are so alluring with their easy baits, that they have tempted him as a "pigeon" to part with his money, and have only given him the entrée to a conjoint examining caucus, which again does little else but fleece him further for inadequate returns, and that he is debarred from recompetition or even entry for the higher standing degrees offered elsewhere.

To remedy this state of affairs, the matriculation of the new University for London should and could be made equal to that of the present London matric, or up to a standard that by arrangement would exempt the graduate from the preliminaries of the other Universities of Great Britain or any of the higher medical or hygienic examinations he might be desirous of competing for. In conclusion, it seems to me fair to expect that in the Charter of the new London University, relative to its granting degrees of the examination, that a proviso should be entered in favour of the diplomates of the Royal London Medical Colleges, who have largely helped to show the needs required and the methods adaptable to form the practical side of the medical faculty out of their own studentships, disabilities and claims for a degree on the ground that their work is equal to that which suffices to obtain degrees for students in other centres:—that the above proviso should take the form of a retrospective clause, reacting on such previous diplomates, to confer upon them the privilege of competing (if included) for the final thesis or examination of the new Doctorate degree in Medicine on lines that will take into account the time and work occupied by the qualified diplomate, and allowed to stand in lieu of the previous portions of the full examination.—Yours truly,

H. ELLIOTT BLAKE.

SIR,—Might I, as a past "Surgical Ward Clerk" and "Dresser," and one who has had the advantage of clerking under the "old system" and also the "new system," be allowed to write a few lines in reply to a "Smarting Ward Clerk," whose letter appeared in a recent issue. One would have thought after such a letter that there would have been many of the present dressers ready to defend themselves, but apparently they left the matter to "Ornator," whose doggerel appeared in your last issue; and he apparently thought fit to treat the matter with ridicule, without touching the main facts of the case at all. Now, Sir, in the first place, might I be permitted to draw the attention of a "Smarting Ward Clerk" and *others* to the fact that the privileges of the dressers' rooms are extended to (1) the Residents (all of whom have done dresser), (2) past and present dressers, (3) the Clinicals. Others, such as ward clerks, enjoy the privileges of the rooms during the take-in week merely through the courtesy of their dressers. In the second matter which a "Smarting Ward Clerk" mentions, viz. the tobacco, I think I need hardly mention, after what I have already said, that his remarks in this particular are entirely out of place. Surely, as the dressers pay for the tobacco and papers, they can please themselves about having the jar filled or not without asking their ward clerk's permission. And lastly comes his chief grievance, viz., the manner in which he is treated by the dressers. In reply to this, I can only say that so long as he is willing to oblige and assist his dressers in every way, so long will he meet with that treatment which he evidently expects. But as soon as he refuses to do anything, even to helping to carry patients about, shifting screens, and attending to like details, then it is that he finds that he does not meet with that courtesy which he seems to expect under all conditions. There are, of course, two sides to this question; but speaking from personal experience, I think I can safely say the ward clerk is the one most often in the wrong, and that when his time comes to be a dresser, he will by then have found out the error of his ways, and will be only too willing to do unto others as he would they should do unto him.—Yours truly,

Jan. 16th, 1893. C. M. FLEURY.

SIR,—I have read with interest, not to say contempt, the letter of your correspondent "A Smarting Ward Clerk." Curiously enough he has failed to convince me of the superiority of the Clerk to the Dresser. Perhaps, if our

friend is wise in time and deserts his futile attempts to pass the fellowship, he may himself become a dresser. It would be interesting to learn whether that change will alter his present views as to the essential dignity of a ward clerk; at present I can only hope that he may be more efficient in the degraded capacity of a dresser than he is in his present one, and I may also add if he were only a *smart*, instead of a smarting ward clerk, he would not need to be told his duties as a screen-carrier, etc.

Your correspondent refers to the insulting patronage used to him by dressers, when he consults them about his cases. If his statement be correct, which is doubtful, the dressers may, at any rate, be excused on account of the impudent abnormality of their clerk. His insolent conduct towards the dressers in the surgery may, perhaps, be charitably explained as general paralytic megalomania, whilst his filching tobacco from the rooms may be excused as kleptomania. To guard against the diffusion of your correspondent's pernicious views, we may with advantage conclude by briefly summarizing the duties of a ward clerk as follows:—1. Screen-carrier, stretcher and sandbag carrier. 2. Temperature-taker and reporter. General servant to Sisters, Nurses, Surgeons, and Dressers.—Yours etc.,

Jan. 22nd, 1893. A LONG-SUFFERING DRESSER.

SIR,—Apropos of the interesting Clinical Lecture on High Temperatures in Cerebral Disease in your issue of January 14th, may I add a few short notes of a case lately occurring in my own practice.

Lydia P., aged 8 months, family history good, a healthy child from birth. On December 25th, 1892, the mother noticed a slight oozing of blood from the right nostril, and on two occasions since. No other symptom till January 12th last, when the child appeared heavy and sleepy, and inclined to moan, with slight tendency towards convulsions. On the following morning the temperature in the axilla was 104°. No sign of any active disease. The temperature varied from 103·4 to 105°, but without any other symptom till January 13th; when there was marked rigidity of the left arm and leg. On the 16th there was also marked rigidity of the right arm and leg; eyes suffused and bloodshot. Cheyne-Stokes' respiration; temperature in left axilla, 106·4; in right axilla, 106·6. No other symptom. The child died that night. No opportunity of a post-mortem examination. Diagnosis?—Yours truly,

T. RENEL ATKINSON.

DEAR SIR,—About two months ago I reported in your columns two cases of empyema between the lung and the anterior mediastinum. The result of the post-mortem in one case was given from memory, but since then I have discovered notes of the autopsy.

I laid some stress on the point, that both were, as I thought, on the left side, but find that one case was on the right. Such a mistake teaches one not to speak too confidently, unless sure that statements can be substantiated.

At the time the notes were forwarded, it was mentioned that Dr. Charlton had spoken of a similar case. Since then I find, in a paper read before the Annual Meeting of the British Medical Association, 1877, by Dr. Barlow and Mr. Parker, the following brief notice of empyemata in this position. "In one case we found post-mortem an empyema, which went round the root of the lung, and which during life had closely simulated, in percussion signs, a mediastinal tumour. We have also seen two cases of empyema situated between the anterior edge of the lung and the pericardium." The possibility of mistaking pus in this situation for growth had not occurred to me, but it is obvious that both mediastinal tumour and pericardial effusion may be simulated,—Yours faithfully,

THOS. FISHER.

PASS LIST.

SECOND CONJOINT EXAMINATION, JANUARY, 1893.

ANATOMY AND PHYSIOLOGY.

Huckle, A. H. H.
Moore, J.
Pakes, W. C.
Paul, L. A.
Statham, C. B.

ANATOMY ONLY.

Moore, E.

PHYSIOLOGY ONLY.

Mitchell, W. G.
Pendred, B. F.
Price, A. A.
Proctor-Sims, F. R.
Reynolds, L. G.
Tresidder, M. E.
Turner, A. Scott.

FIRST CONJOINT EXAMINATION, JANUARY, 1893.

ELEMENTARY ANATOMY AND PHYSIOLOGY.

Longhurst, S. H.
Moon, R. O.
Ormond, A. W.

ELEMENTARY ANATOMY ONLY.

Earnshaw, A.
Powell, A. W.

ELEMENTARY PHYSIOLOGY ONLY.

Ambrose, A. C.
Body, T. H.
Griffiths, D. R. T.
Lewis, L. H.
Rowland, R. S.

CHEMISTRY AND CHEMICAL PHYSICS.

Booker, C. W.
Cawston, E. A. S.
Clapham, S. C.
Duncan, G. E.
Garland, J. O.
Hancock, E. D.
Hull, A. J.
Le Maire, L. J.
Lower, N. Y.
Ormond, A. W.
Pearson, G. B.
Pomeroy, E. H.

MATERIA MEDICA AND PHARMACY.

Adams, A. R.
Carden, W. A.
Cecil, J. E.
Clarke, W. T.
Davies, W. L. B.
Passmore, A. B.
Poole, C. C.
Shorland, E. T.
Spon, H. J.

Passim.

OUR columns are full of matter just now relating to the burning question of the reconstitution of the London University. Meanwhile the minds of a very large number of our readers are much more concerned with hopes for a reform in the procedure of those other Guardians of the Gate—the Examiners at the Embankment.

WE have recently congratulated our readers on the fact that Guy's is so well represented on the Conjoint Board, and, even in a second reference to the fact, we understated the total number, for we omitted the name of Dr. Hale White, whose presence on the Board brings the total number of Guyite Examiners up to no less than ten. We cannot, therefore, complain of under-representation; but, unfortunately, the presence of our teachers helps us but little where *viva voce* examinations are concerned.

WE have so often congratulated our candidates upon a large measure of success on former occasions, that it may seem inconsistent to grumble when, for once, the tide turns the other way. But the examination now in progress has raised so keen a sense of injustice in the minds of men whom we all know to be capable and hard workers, that we feel it right in this, the Students' Journal, to give some expression to the feeling.

WE publish in another column an account of a *viva voce* examination, which our suffering contributor assures us is literally correct; and we might have published many more such. It is easy to gather from such accounts that certain of the examiners, at any rate, are lacking in two qualities, which we venture to assert are quite essential to fairness: firstly, the wish to put candidates completely at their ease, so that they may do themselves full justice; and, secondly, a determination to leave their own personal fads and predilections outside the examination room. We venture to assert that these essentials are more often absent at the Victoria Embankment than at any other examination centre in the United Kingdom. It is so purely a personal question, that it is hard to suggest any course which might lead to reform; in fact, the old difficulty faces us—*Quis custodiet custodes?*

WE hope before long to add two new features to the GAZETTE. The value to students of cases set for commentary is admittedly very great; partly as practice in examination technique, but still more as a means of enabling the student to test his own powers in the application of his reading. With the assistance of the Staff, therefore, we hope to publish such cases frequently for the future, and we shall print the official commentary on each in the following issue. We are certain that our readers will gain very greatly in their search for that so frequently missing word—Diagnosis.

OUR other scheme is for the benefit of our readers who are in practice. It is frequently the custom of such to send pathological specimens up to Hunt, at the museum, for cutting and staining. They frequently complain, however, that from sheer lack of practice in histology, the slides are not much use to them when they get them. In future we intend to reserve a column in the GAZETTE, where such slides may be described by a competent histologist. The finished slides will be sent back as before, and the fee to Hunt will remain the same.

AT a Meeting of the Court of Committees on Wednesday last Miss Florence Nott Bower was appointed Matron, in the room of Miss Victoria Jones, whose resignation was placed in the hands of the Treasurer some weeks ago. It was hoped that Miss Jones might be induced to reconsider her decision, but as she felt strongly

that her only surviving sister, whose health has lately been very delicate, and who has been ordered away from London, had the first claim upon her, it became necessary to look around for a successor, and the choice of the Governors has fallen on the late Lady Superintendent of the Nursing Institution.

MISS FLORENCE NOTT BOWER has been connected with Guy's for a period of nearly ten years. She was appointed Extra Sister at the beginning of 1883, to assist the Matron in her office, and after working for a year in this capacity she began her training as a lady pupil. This completed, she took Holiday and Night Sisters' duties for a year, and subsequently had charge of Dorcas Ward for two and a half years. She then applied for and obtained the post of Matron at the Huddersfield Hospital, where her management was very successful, and after a year she returned to Guy's, being appointed by the Treasurer Lady Superintendent of the Nursing Institution in St. Thomas's Street. Here she has been for the last three and a half years, during which time the Institution has flourished, and has grown in size and importance, numbering now 62 nurses as against 29 in 1889. One of the last things done during Miss Bowers' administration was the establishment of a new scale of salaries for the private nurses, to which we hope again to call attention in view of the charges so freely circulated that Guy's "grinds the faces of its women workers." We are sure that all our readers will join in wishing Miss Bower a prosperous career in her new appointment, and we hope to see the Nursing School of Guy's maintaining as high a position in public estimation as does our Medical School.

WE publish in another column the regulations which have just been issued with regard to the Entrance Scholarships in Arts and Science. The standard of the Science examination is as it has been for several years, but the value of the Scholarships has been raised from 125 and 50 guineas to £150 and £60 respectively. We notice considerable changes in the scope of the examination in Arts. Briefly, the standard of the examination has been lowered, and its character more closely approximated to that of the matriculation at London University and the other portals to the medical profession. In the Classics paper the set books are to be the same as those given in these examinations, and the candidate will, therefore, be able to choose the author that he has recently been especially studying.

WE understand that this change has been made by the authorities on account of the steady diminution of the number of candidates competing for the Arts Scholarships, which are considerably more valuable than those offered at any other London Hospital. At first sight, one would think that the alteration would considerably increase the competition, and that the main object in view, namely, to secure one or two brilliant men in the School each year, would be furthered. But whether entrance scholarships have this effect at all is doubted by some. It ought to be easy to settle this point by looking at our records. Here are the names of our Arts and Science scholars from the time when separate scholarships were first started up to 1889. Arts:—W. H. Hart, W. A. Slater, R. Moody-Ward, A. E. White, G. H. Pennell, G. M. Pratt, F. H. Brown, R. L. Wason, J. B. Leathes, J. R. Steinhauser, W. S. Handley. Science:—E. L. Adeney, E. J. Wenyon, H. W. Pigeon, J. W. Washbourn, E. H. Starling, B. W. Hogarth, A. T. Rake, W. J. Johnson, J. A. Howard, A. H. Leete.

WE hear that in future the men who are applying for the appointment of Resident Obstetric must send in their applications direct to the Treasurer, a practice which has hitherto

only obtained in the case of applicants for House-Physiciancies and House-Surgeoncies. This change of procedure has been brought about in order that the rival claims of those men who apply for all three appointments, and are pleased to take which ever they can get, may be considered by the same committee.

THERE is a Prophet on the football staff of the *Evening News and Post*, whose visions of the prospects of Guy's are always of a most gloomy character. His prognostications about the Leicester match were rather badly upset, and it is not unlikely that those about the Cup Ties will share the same fate.

MR. JOHN WADE, B.Sc., has been appointed Demonstrator of Chemistry and Physics in the Medical School of Guy's Hospital. This gives Mr. Wade a definite Staff position which he has not previously occupied. We heartily congratulate both him and the School on the appointment. As the Dean remarked to us apropos, "Poor First Year's men, their last loophole of escape from the vigilance of Demonstrators has been filled in. No longer will the absentee from the Dissecting Room and Physiological Laboratories be able to account for his absence by any reference to to his studies at chemistry."

OUR issue last week suffered from a somewhat severe eruption of misprints. We think that the "dyspnœa in an infarct" (read infant) at the end of Dr. Shaw's Notes on Pathology was something of a record in this way. Meanwhile we should like to correct the following. In Mr. Parkin's article, column 2, line 36, for "lithotomy" read "lithotrity." In the review of Dr. Crosse's book, line 17, for "even" read "ever." In Dr. Halstead's letter, column 2, line 29, for "easy" read "early," and in column 3, line 39, of the same, for "your" read "four."

We publish to-day one of Mr. Sichel's clever smoking concert posters. It will, doubtless, appeal chiefly to those of us who are on the spot, but the portraits will be recognised by a wide circle of readers, and it will serve to remind old Guy's men of the existence of these Saturday concerts, at which their presence will always be greatly welcomed.

HOW THEY TREATED ME AT THE COLLEGE.

VIVA VOCE IN MEDICINE.

CLINICALS.

1.—Typical case of double aortic disease.

Ex. wished to know all about capillary pulsation, how produced—three methods of demonstrating it.

P. had a papulo-pustular eruption over shoulders and chest, with scratch marks, which *C.* thought due to *pediculi*.

Ex. (a distinguished Dermatologist) tentatively suggested *scabies*, and was pleased with *C.* for pointing out the absence of lesions from the wrists and web of fingers.

2.—*Ex.* (a distinguished Cardiologist, who can tell by percussion which flap of a valve is diseased. *C.* longed to ask him to demonstrate the diseased valve in the preceding case, but refrained).—Make a physical examination of this nervous case, and only ask him questions through me.

C.—Well, he hasn't any tremors or obvious paralysis. What does he complain of?

Ex.—I can't tell you *that*. You are only wasting time.

C.—Very well, let's see if he can walk.—Supported by both examiners, *P.* took about two steps, with both legs trailing behind like the fins of a sea-lion. Knee-jerks just obtainable. R. leg and arm weaker than L. R. abductor indicis completely atrophied. Speech unimpaired. Paralysis of lower part of face on R. side not obvious when at rest, owing to abundant moustache, whiskers, etc.

Diagnosis.—R. hemiplegia, probably from cerebral hæmorrhage, as arteries were thickened and tortuous.

Ex. made much of the fact that cerebral causes of facial paralysis could be distinguished from lesions of the trunk of the nerve (Bell's palsy) by the limitation of the palsy in the former case to the lower part of the face.

C. smiled on being told to prescribe for the last case, at which *Ex.* was a little nettled, so *C.* prescribed a capsule of amyl nitrite ɱiv., to be inhaled when the apoplexy was impending (the evening Examiners thought this a large dose, and wanted to know how an impending attack could be recognised); a tablet of nitro-glycerine to be taken night and morning; and a tonic placebo containing arsenic, sodæ bicarb. and gentian; also general directions as to warmth, equable climate, teetotalism, avoidance of sudden efforts and mental excitement (*vide* Copley's picture of the Death of Lord Chatham in National Gallery).

PATHOLOGY.

Microscopical specimens.—(1) Uric acid crystals. (2) Liver with patent bile-capillaries and interstitial fibrous change (cirrhosis). (3) Leucocythæmic blood, stained bright blue.

Pickles.—(1) Heart (as flat as a pancake), with strictured mitral, the auricular surface of which was

fringed with calcified vegetations, hypertrophied L. auricle, etc. (both Examiners laughed heartily at the term, "calcified vegetations," and one said it conveyed the idea of a petrified cabbage to him; *C.* invited them to improve on the term, but they promptly changed the subject). (2) *Lung containing infarcts*; how are they produced and where else do they occur? Describe their appearance at various stages in the kidney. (3) Fresh specimen of lung in a state of extreme gray hepatization, becoming gangrenous in places.

The *C.* was then interrogated on urine, amount of uric acid passed, different urates occurring, modes of estimating sugar (fermentation), composition of Pavy's solution, on what does the test depend.

VIVA VOCE IN MIDWIFERY.

FIRST TABLE.—MIDWIFERY.

Ex. proceeded to read out extracts from *C.*'s paper, and inquire what he meant by them.

In the question on delivery of the after coming head, *C.* had—in addition to the usual methods of jaw-traction, pressure on the malar bones, etc.,—mentioned Dr. Galabin's method of hooking the left hand over the back of the child's neck, while the legs are seized with the right and carried forwards, and if necessary a little upwards, the woman's right leg being held well up.

Ex. wanted to know what he meant by this, so *C.* referred him to Dr. Galabin's Manual (1st Ed., fig. 98).

Ex. retorted that it was physically impossible, as the woman's legs would be in the way.

C. (having done 73 cards in the Guy's Charity) mildly suggested that he had employed this method himself in a breech presentation with the best results. *C.* had rashly suggested that, in the event of all these manipulations failing, and the child being beyond resuscitation, instead of perforating the after-coming head, it might be less risky to the mother to sever the child's neck outside the vulva and extract the head separately with forceps, so *Ex.* inquired sarcastically whether Dr. Galabin recommended *that?*

C. suggested that all control over the head would not necessarily be lost by this procedure, if efficient counter-pressure were made on it from above.

Ex. then proceeded to the question on the three best methods of inducing premature labour.

C. had recommended *passage of a bougie into the uterus.* ("This method is the best of all for the ordinary case of induction of labour in moderate pelvic contraction."—Galabin, 1st Ed. p. 533.)

Ex. wanted to know what *C.* meant by tying it in.

C. proceeded to give a demonstration on the mode of tying tapes to a bandage round the waist, as for retaining a catheter.

Ex. objected that the bougie would not be long enough.

C. suggested that if the bougie were the usual length (12 inches) and 7 inches were passed into the uterus, in all human probability 5 inches would remain outside the external os, which would be sufficient to leave the end outside the vulva (*vide* Galabin, 1st Ed., p. 534). Macalister gives the length of the vagina as: anterior wall, 6 5 cm, (2½ inches), posterior wall, 9 cm (3½ inches).

Ex. said the proper way was to push it right up to the fundus uteri.

C. was inclined to throw out certain hints about the risks of hæmorrhage from detachment of the placenta by so doing, but refrained from doing so, as by this time *Ex.* was warming up.

The other Examiner, an M.D. of Brussels, looked on in a semi-dazed sort of way, without moving a muscle, in spite of the imploring looks of the candidate.

Ex. then emphatically declared that this was *the* most uncertain mode of inducing labour, and as he had previously scolded *C.* for mentioning that it was not always the easiest thing in the world to pass a flexible bougie into the interior of the uterus, just separating the membranes and no more, *C.* began to think that one reason why it did not succeed in his hands might be because it coiled up in the vagina.

The other methods recommended by *C.* were, *Puncture of the membranes* and *Dilatation of the cervix.*

Ex. was furious with *C.* for preferring Hegar's dilators to tents, before the os will take the smallest size of Barnes' bag, and evidently regarded the os uteri as having been expressly designed to show forth the virtues of tents. (Compare with this Galabin, 1st Ed., p. 535—"It is preferable to avoid in parturition the use of tents, and especially their repeated use, since they are liable to cause abrasions of the mucous membrane, and so involve a risk of septic absorption. The time within which labour pains are induced by dilatation with tents is also very uncertain, etc.")

Ex. then poured in a running fire of questions and comments on *C's* answer to the conundrum on *Placenta Prævia.*

C., whose respiration was by this time becoming short and catchy and his throat dry, gave what he thought ample reasons in support of the measures he recommended, viz., dilatation of os, separation of placenta, rupture of membranes, Barnes' bag, version, etc., but *Ex.* simply stopped his ears. In despair *C.* innocently inquired what *Ex.* would do in such a case, but *Ex.* indignantly retorted that *he* hadn't come there to be examined, at which *C.* was sorely tempted to make a repartee, but apologised instead. [*Bell.*

SECOND TABLE.—GYNÆCOLOGY.

Ex. and *C.* went exhaustively into the differential diagnosis between a retroflexed gravid uterus (at 4th mo.), and a fibroid in the posterior wall. Disorders of micturition, causes of retention, position of urethra when bladder distended, etc.

C. then enumerated a host of causes, gynæcological and general, which might produce pain in the groin.

Ex. pressed him much to mention *perityphlitis.*

M.B., B.S. LOND.

SMOKING CONCERT.

With Mr. T. B. Davies, M.S., in the chair, at the usual monthly "smoker," held on Saturday, January 14th, it was not unnatural to expect a good concert and a goodly gathering. Expectations were realized to the full, and a large muster of members and friends took place. The programme, which had been arranged by Mr. Jewell, to whose energy the success of the concert is due, was a lengthy one. Unfortunately several disappointments at the eleventh hour somewhat marred what promised to be a decidedly successful effort; the concert, however, was much enjoyed, and after that nothing need be said. Several fresh voices were heard for the first time, and our staff of "artistes" must be quite a "little list" by this time. A novel branch of enterprise at Guy's was floated in the shape of the "Guy's Musical Society," which is likely to become popular *if properly conducted*, and, as our chairman told us on Saturday night, *should* manage the monthly smokers. Nervousness may possibly account for the slight instability evidenced by the Glee Singers, but doubtless little defects, *always* noticeable on a "first night," will soon be remedied by constant and *conscientious* rehearsal. Every success is voted the New Society, and every *musical* man at Guy's should become a member.

Among the more serious items on the programme, Mr. Thornton's finished rendering of "Il Trovatore" on the violin gained an enthusiastic encore; "The Harp that once through Tara's Halls" being given in response. Mr. Tatton, also a visitor, delighted all with his beautiful tenor voice. "Funicula funiculi," in spite of its age, was as fresh as ever in his hands. "Tell her I love her so," given in response, was a treat to be appreciated. Mr. Oram sang "Soldier Jim," (*till Mr. Simpson came back*), with good effect, and Mr. Sergeant was accorded a favourable reception for "Oh! hear the wild winds blow!" The glees sung by G.M.S. were "When Evening's Twilight," "Not a spot on Earth," and "The Tar's Song." Mr. Coulson's absence as a soloist was missed, but his duet with Mr. Lulham, "Beauty's eyes," was much appreciated. Instrumental music, in addition to Mr. Thornton's violin playing, was provided by Mr. Godfrey who opened the proceedings with a lively air, by Mr. Jiminez, who was cordially greeted and who also played a pianoforte selection, and by Messrs. Colley and Henry in a well executed banjo duet, "Dresdina" gavotte.

The "bonnie" element was varied and well sustained. Mr. Robinson was to the fore again with another "Nursery" effort. "Doddle-oddle-oddle chip cham," (A Pantomime rehearsal), and later "Oh! Mr. Porter" satisfied everyone—a song with a *chorus* never fails to satisfy. Mr. Layman was as popular as ever in two *new* songs, sung in costume. "Once more I sent the needful Eighteen Stamps" and "Words to that effect," were his ventures, in both he was not quite sure about, the important part of a comic song—the words!

Mr. Simpson made his first appearance, also in costume, and essayed two "imitations," one of Arthur Roberts' in "The Man about Town," the other "Friar Larry" (In Town), which latter was hardly so successful as Mr. Simpson's efforts in the Wards at Christmas time. "Oh! those bloaters!" was sung with such realism by Mr. Jackson Lang, that the house was convulsed. We have an uncomfortable feeling that we have seen those "sanguine-proud-fleshed-treacherous-wicked-from-London-Wall-Bloaters" before. Bloaters are off! In his musical sketch Mr. Jackson Lang was not so happy in the choice of his subject, and it was not surprising to learn that in "Act I.," one of the characters found it prudent "to hide behind his breath," which, as a witticism, is *rather* below the usual standard. As an encore "Enough said," another original contribution, was given by special desire.

Mr. Michael made his debut with "I went to find Emin," and Mr. Godfrey sang Chevalier's latest "My Old Dutch" to good effect.

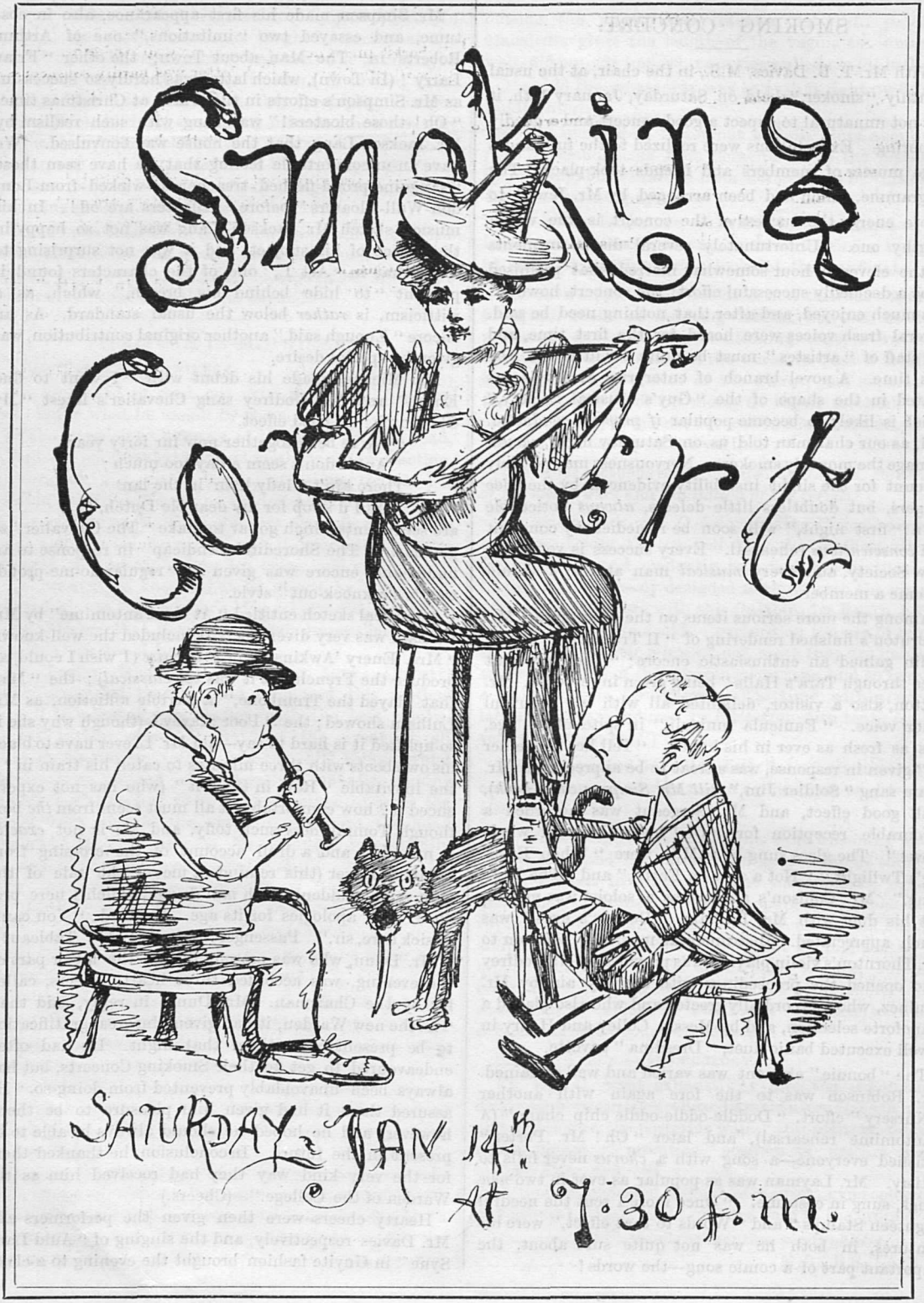
"We've been together now fur forty years,
An' it don't seem a day too much;
There ain't a lady livin' in the lan'
As I'd swop for my dear ole Dutch,"

are sentiments which go far to make "The Chevalier" so popular. "The Shoreditch 'Andicap" in response to an undeniable encore was given in "regular do-me-proud-well 'e's a knock-out" style.

A musical sketch entitled "At the Pantomime" by Mr. Lulham was very diverting. It included the well-known "Mrs. 'Enery 'Awkins" *a la Francaise* (I wish I could reproduce the French but it was too *classical*); the "Man that played the Trombone," a terrible affliction, as Mr. Lulham showed; the "Poor Slavey" (though why she is so uplifted it is hard to say—did Mr. L. ever have to black his own boots with three minutes to catch his train in?), the inevitable "Row in the Pit" (who has not experienced it? how comfortable it all must seem from *the* box, though Tommy *does* suck toffy, and *Ma* is not *exactly* a nymph); and a droll account of the crossing from Calais to Dover (this reminded me of the tale of the man seized suddenly with *mal-de-mer*, which I here produce, with apologies for its age. Steward: "You can't be sick here, sir." Passenger: "Can't I!!" Tableau!!)

Mr. Dunn, who was present during the latter part of the evening, was accorded three hearty cheers, called for by the Chairman. Mr. Dunn, in reply, said that, "As the new Warden, it had given him great gratification to be present with them that night. He had often endeavoured to get to their Smoking Concerts, but had always been unavoidably prevented from doing so. He assured them it had given him pleasure to be there, however, and he hoped he should always be able to be present in the future. In conclusion, he thanked them for the very kind way they had received him as the Warden of the College." (Cheers.)

Hearty cheers were then given the performers and Mr. Davies respectively, and the singing of "Auld Lang Syne" in Guyite fashion brought the evening to a close.


Smoking
Concert
SATURDAY JAN 14th
AT 7:30 p.m.

GUY'S HOSPITAL, SESSION 1893-94.

OPEN SCHOLARSHIPS IN ARTS AND SCIENCE.

Four open scholarships, two in arts, and two in science, will be offered for competition in September, 1893.

ENTRANCE SCHOLARSHIPS IN ARTS.

1. A scholarship of £100, open to candidates under 20 years of age.

2. A scholarship of £50, open to candidates under 25 years of age.

SUBJECTS:

English Language.—Including Grammar and Composition.

Latin. †*Greek.*—Including grammar, translation from specified authors, translation of easy passages not taken from such authors, and translation from English into Latin or Greek.

In Latin and Greek the passages for translation will be taken from the set of books required for the previous July examination for matriculation at the University of London, or the September examinations of the Society of Apothecaries, and of the College of Preceptors.

† *French.* † *German.*—Including grammar, translation into English, and translation from English into French or German.

Arithmetic and Algebra.—As far as simple equations inclusive.

Geometry.—Including the subject-matter of Euclid, Books I., II. and III., with easy deductions.

The scope of the examination for the entrance scholarships in arts has been so modified that the questions set at the last examination will be no guide to intending Candidates, and are therefore not circulated.

ENTRANCE SCHOLARSHIPS IN SCIENCE.

1. A scholarship of £150, open to candidates under 25 years of age.

2. A scholarship of £60, open to candidates under 25 years of age.

SUBJECTS.

Inorganic Chemistry, General Biology [Zoology, Botany] Experimental Physics, including General Properties of Solid, Liquid, and Gaseous Bodies, Acoustics, Heat, Magnetism, Electricity, and Optics.

There will be a practical examination in chemistry in addition to the paper. Specimens will be given with the papers in botany and zoology.

The examination will be conducted as follows:—

		ARTS.	SCIENCE.
Tues., Sept. 26—	Morning, 10—1	English.	Chemistry.
	Afternoon, 2—5	Latin.	Botany.
Wed., Sept. 27—	Morning, 10—1	Euclid.	Physics.
	Afternoon, 2—5	Greek, French or German.	Zoology.
Thur., Sept. 28—	Morning, 10—1	Arithmetic & Algebra.	Practical Chemistry.

† Candidates may choose between Greek, French and German, but will not be allowed marks in more than one of these subjects.

Each successful candidate will be required to enter at the Hospital, as a perpetual student, in the October immediately succeeding the examination.

Names of intending candidates should be forwarded on or before Monday, September 11th, to THE DEAN, Guy's Hospital, London, S.E., and candidates for the scholarships in arts must then state what are the set subjects in Latin and Greek in which they propose to present themselves for examination.

ON THE GLYCOGENIC FUNCTION OF THE SO-CALLED "HEPATIC CELLS" IN WORMS.

The function of these cells has long been a subject of doubt among biologists, and the following experiments may therefore be of interest as throwing some light on the glycogenic uses of the organ.

The anatomy of the "yellow cells" or "chlorogogenous tissue" is so well known that an apology seems almost necessary for referring to it; but I may briefly remind you that it consists of a mass of yellowish coloured cells crowded along the whole length of the intestine, especially along the dorsal groove or "typhosole." Structurally it consists of pigmented peritoneal cells, and with regard to their function, Professor Thompson definitely states that "there is no warrant for calling them hepatic or digestive." Mr. Beddard, in his paper on "Worms of the Genus Perichaeta" (P.Z.S. 1890), describes some peculiar bodies in "Perichaeta indica" which he terms "glycogenic bodies" or "septal glands." He states that he can only compare these bodies with the oval aggregations of peritoneal cells, described and figured by Clarapèdein the common earthworm. I can only conclude that by these he refers to the yellow cells of Lumbricus.

Claude Bernard was the first to discover glycogen in the earthworm, and this has been confirmed by Barfurth. With these few preliminary remarks, I will mention the following experiments:—

I. Three worms were placed in earth, coloured pink with finely-powdered carmine for forty-eight hours. After this time they were killed in spirit, and some of the middle segments hardened for section cutting. On examining the section, carmine grains were clearly seen in the tissue.

I merely cite this experiment in order to show that these cells absorb substances from the intestine. The experiment is described in "Thompson's Manual of Zoology." He states that the particles have been traced out into the coelome, and from thence to the nephridia.

II. A portion of the "Hepatic cells" was teased off the intestine and tested for glycogen by a solution of iodine in potassium iodide. The cells stained a deep mahogany brown colour, which disappeared on heating and reappeared on cooling.

This seemed to point very strongly to the presence of glycogen.

III. Twelve worms were taken and starved in wet blotting paper for twenty-eight days. Glycogen was found in the yellow tissue at the end of the first, second, and third weeks. At the end of the fourth week it was absent in three of them; I, therefore, assumed it to be absent in the rest. The remainder were well fed for a week and again tested, when glycogen was found in abundance.

I think that these two last experiments may be taken as conclusive evidence of the presence and formation of glycogen in the chlorogogenous tissue.

On account of the small amount of glycogen present, it is practically impossible to confirm the test by any other—such as the basic lead acetate. Mr. Beddard, however, appears to think it conclusive. The muscle fibres in the peritoneal cells stained a yellow colour which did not disappear on heating till a high temperature had been reached, and then on cooling it did not reappear. The cells are very granular, and this, with the iodine test, seems to indicate that they are intended specially for glycogen formation. Barfurth says of the Septal gland—"It is so far analagous with the vertebrate liver that it contains more glycogen than other organs. It is not an organ 'sui generis,' but only 'primus inter pares.'" I see no reason why this remark may not be reasonably applied to the "yellow cells" of Lumbricus. At any rate the above mentioned experiments seem to clearly prove the fact that this tissue absorbs substances from the intestine, and is concerned both in the formation and storage of glycogen.

N. A. CROSBY.

CALENDAR OF COMING EVENTS.

Feb. 4—Meeting of Physical Society.
,, 1—1st XV. v. R.I.F.C. Cooper's Hill, at Egham.
,, 2—2nd XV. v. Middlesex Wanderers II. at Brockley.
,, —"A" Team v. Blackheath Proprietary School, at Blackheath.
,, —1st XI. v. Marlow, at Marlow.
,, —2nd XV. v. Anerley, at Brockley.
,, 11—1st XV. v. Clapham Rovers II., at Wandsworth
,, —2nd XV. v. Rosslyn Park II., at Acton.
,, —"A" Team v. Sidcup II. at Brockley.
,, —1st XI. London Caledonians, at Tufnell Park.
,, —2nd XI. v. Royal School of Music II., at Brockley.

APPOINTMENTS.

ROBERTS, C. GORDON, M.A., M.B., B.C. Cantab., has been re-appointed Medical Officer of Health to the Urban Sanitary District of Halstead, Essex.

THOMAS, JABEZ, F.R.C.S. Eng., L.R.C.P., F.R.C.S. Edin., has been appointed Honorary Consulting Surgeon to the Swansea Hospital.

Sport.

RUGBY FOOTBALL.

GUY'S v. LEICESTER.

This was a new fixture on our card, and as it was the first match after the Christmas vacation, and many of our best forwards could not play, we had certainly some grounds to be apprehensive of the result. As will be seen below, however, Guy's did very well, and even the local crowd thought we had hard lines in not winning.

Just before the departure of the train we discovered we were two short; Ensor, who was understood to have bought a thermometer, sending a wire to say it registered 103° (in the shade), and Clarke missing the saloon, but happily catching the guard's van. Passing Bedford, where, by-the-bye, Tom-Tom was not on the platform, we arrived at Leicester about 12.30, and luckily clearing the station without accident, some of us had the good fortune to be entertained at luncheon by Mr. Paget at the Infirmary before the match.

After lunch we found all Leicester in ready-made gaiters flocking to the football ground. They are very good sportsmen at Leicester, and we had been extensively paragraphed beforehand; one local paper even insisting on the fact "that the surgical staff of Guy's Hospital were noted players." In this way is history written.

There was a very large and keen "gate," and moreover, a very fair one, which applauded loudly the fine play of our outsides.

The features of the game were, the grand passing of our backs, the play of the Leicester forwards in the second half, the rank play of the Leicester full back, and Alexander's splendid form for us all through, kicking, saving, and tackling in first-rate style.

Another pleasant feature was the presence of a first-class referee who knew the game, and never hesitated, so that the game was fast and without noise from beginning to end.

The ground was very short behind the posts, and if there had been more room, Bell, who was called Spon by the locals, could easily have improved the position of both his tries; there was a good deal of doubt about their dropped goal. Two minutes after the whistle had blown, Layman made a fine run down the touch line.

After the match, Mr. Paget entertained us at the Infirmary, where we had a look round admiring everything.

Guy's has not a few common associations with the Infirmary. The Lady Superintendent is an old Guy's Sister; Dr. Clarke who is on the staff, and has just accomplished a remarkable feat at the London University, is an old Guy's man, and so are both the House Physician and the Dresser; Phyllis also was trained at Leicester.

The childrens' wing at the Infirmary is probably the finest place of its kind in the kingdom.

In the general wards we noticed an absence of pictures, and that the beds, which were nearly all full, were rather close together, but perhaps this was only our "beastly jealousy." The shoe never pinches at Leicester Infirmary. Pictures we were told made the patients delirious, and the patients like the beds close, because they could have a game at nap occasionally, but as they are only permitted to play for "Pil. Col. c Cal," there is no great inducement to gamble.

They think of having Mr. Paget's portrait on the wall in one of the wards, and we have no doubt that the Charities would be very pleased to send down the companion picture, which now hangs in their room, if the idea is carried out.

Before leaving the Infirmary our good impressions were sealed with whiskies and sodas in the House Physician's room. As the House Physician had run short of glasses Layman was observed drinking out of a 20 oz. measure.

Mr. Paget accompanied us to the inevitable dinner, where the soup was very hot and the beer soon ran short, and Shorland made a good speech, quite different from what he meant to say, and a gentleman gave a very life-like imitation of a farm-yard in several keys.

A full account of the match will be found below. If we had had only some heavy forwards there would have been but one team in it. It may be a little late in the day, but if Ensor could play forward and one of our three first-class halves could be put three-quarter, both the front and back rank would be much strengthened. Of the three Stewart seems the best suited for the post; we confess we should like to see him there in the Bart's. match.

FROM THE "LEICESTER DAILY MERCURY."

For the first time in the history of the Leicester Football Club they encountered on their own ground one of the many clever Rugby Union organizations with which London abounds. Only a season back Leicester tackled Blackheath on the latter's ground, but until the players of Guy's Hospital came to Leicester to-day (Saturday) the supporters of the home club had never set eyes upon a metropolitan team. The students made up a formidable side, embracing as they did several old college and public school players, and as Leicester likewise put a fairly representative team in the field, a capital game was witnessed. The turf had quite recovered from the effects of the recent severe weather, and with fine atmospheric conditions prevailing a very large concourse of people witnessed the match.

Guy's won the toss, but had no advantage with the wind. Leicester defended the Aylestone-road goal, and kicked off at five minutes past three. Patchett charged Bell before he could return. Leicester pushed the scrum, and the game went on in the Visitors' 25. Toone stopped a rush, but subsequently passing and running by Jackson, Hancock, and Spon transferred the game to Leicester's half. The Guy's backs were warmly applauded for pretty play. But for forward throwing the visitors would have scored a minute later, Stewart, Hancock, and Spon again participating in some exceedingly attractive passing. Toone and King were instrumental in shoving the students back from the line to the 25, where off-side tackling caused Leicester to be penalised. From Hancock's free kick at goal the ball went dead. Leicester played off-side at the drop out, and scrummage work ensued at their 25. A little later the visiting back got the ball again, and indulged in more fine running and throwing, but once more spoilt a golden opportunity by forward passing. From a line-out Bryan made good headway for Leicester before Hancock held him well inside the Hospital half. A free kick to Leicester brought no good to the side, McKechnie's return being charged down. But a very fine kick by McKechnie a minute later completely nullified a penalty kick to the students. Getting the ball in mid-field, however, the Hospital backs gave another fine exposition of passing, as the result of which Spon dodged through for an excellent try from the corner flag. It is only fair to say that King slipped when trying to tackle Spon, or the try would certainly have been averted. Hancock just failed with a fine attempt to kick a goal. Proceeding, Guy's continued as before to have much the best of the game. McKechnie saved in fine style, and a left-foot drop at goal by Hancock went very wide of the mark. Nothing but scrummage work was seen for the next five minutes, and then succeeded in working their way well into the visitors' 25, the forwards dribbling properly. Leicester attacked now vigorously. E. Cooke, who had been brought out of the scum during the temporary retirement of Hesmondhalgh, failed to pass, and an excellent opportunity was lost. Leicester were penalised. and with the "free" Guy's reached the home 25, and after some loose play Jackson went over for a rather doubtful try. Hancock again failed at goal. Proceeding, Guy's backs went in for more passing until checked by a timely tackle on the part of Hesmondhalgh. Leicester then pressed, and Toone and Bryan were seen to advantage. After even play, Guy's were penalised for picking out of the scrum, and Leicester got to the line, but all at once a marvellous change came over the game, a bad mistake by McKechnie at his own 25, leaving Jackson right out by himself with the ball in possession, with the result that he had no difficulty in running over for a try near the posts, and he kicked an easy goal. Half-time then arrived with the score:

GUY'S HOSPITAL, one goal, two tries.

LEICESTER, nil.

Re-starting, Guy's were the first to press, but clever work by Snowden and Edmonds almost brought a scoring point to Leicester, Edmonds being held on the line by Alexander. The ball becoming loose at Guy's 25, Hesmondhalgh picked up, and dropped a magnificent goal, the feat being warmly applauded by the crowd. Encouraged by this, Leicester played up with great energy, Edwards and Williams being chiefly instrumental in once more carrying the game into the visitors' quarters. After slight relief, Williams was again prominent with some splendid dribbling, and from scrimmage work on

the line, Sturges struggled over for a try a few yards from touch. Bryan failed at goal. The game was much more fast and exciting now than in the earlier stages, Guy's evidently tiring a bit, while Leicester strove valiantly to get upon equal terms. A free to Guy's was of no service, R. Cooke cleverly resisting a well-intended effort, and Leicester still kept up the attack in spirited style. A splendidly contested scrum was seen on the goal-line, as the outcome of which Leicester could only force a minor. A lot of attractive play was next seen in mid-field, tackling by both sides being the principal feature. Guy's got the ball out at centre, and after a brilliant bout of passing amongst the whole of the backs, Spon raced in for a meritorious try at the corner. Jackson failed at goal. Proceeding, Leicester got into their opponents' half, and the backs introduced a bit of passing, but failed to make much headway, owing to the excellent tackling of their adversaries. At length, however, the forwards went away from a line-out, and dribbling half the length of the field they got over the line, Sturges falling on the ball for a try midway between the goal posts and the corner. Bryan kicked a grand goal, and thus put Leicester on level terms. This was the signal, of course, for a tremendous outburst of cheering. After this play was pretty equal for a time. Then Leicester got down, but were driven back by a penalty kick. Hancock made a sprint which threatened danger to the Leicester lines, but was held by McKechnie, and the Leicester forwards by brilliant play speedily reversed matters. A minute or two later the whistle sounded for no-side, a finely contested match ending in a draw. The result is a fairly accurate criterion of the play. In the first half Guy's had considerably the best of matters. Their passing, except when occasionally marred by forward throwing, was brilliant. In the second half the Leicester forwards asserted themselves, and their superiority enabled the home team to have much the best of the game. Playing against a formidable lead, they gradually reduced it, and in the end deservedly got on terms. The play of the visitors was much admired, and they are to be heartily complimented upon their visit to Leicester. Result:

GUY'S HOSPITAL, one placed goal three tries (11 points).

LEICESTER, one placed goal, one dropped goal, one try (11 points).

The following were the teams:

LEICESTER: A. McKechnie (back); H. Bryan, R. Hesmondhalgh and J. King (three-quarter backs); F. C. Toone and R. S. Snowden (half-backs); W. H. Sturges (captain), J. T. Edmonds, E. Cooke, R. C. D. Cooke, J. Patchett, A. Sewell, J. Greenwood, E. Danns, and D. Williams (forwards).

GUY'S HOSPITAL: K. B. Alexander (back); H. T. Bell, W. J. Hancock, H. J. Spon (three-quarters); H. M. Stewart and T. L. Jackson (half-backs); E. T. Shorland (captain), R. S. Rowlands, Layman, C. R. Nicholson, R. T. Clarke, H. W. Dudgeon, C. H. Edwards, Pern and Griffiths (forwards).

Referee: Mr. Vipan, L. R. U.

"A" XV. v. POLYTECHNIC 2ND XV.

This match was played at Wimbledon, Saturday, January 14th, resulting in a win for Guy's by 1 goal (5 points) to nil. As the Polytechnic had intended stealing a march on us by playing their 1st XV., it was fortunate that, at the last moment, being three short, we were able to secure the services of Allport, Biggs and Cloud. Winning the toss, we started with the wind at our backs, but failed to score in the first half. Shortly after changing ends, from a smart pass by Michael, Biggs scored after a good run, close to the posts. This he converted, and nothing more being obtained, we were left winners by 5 points to nil. We had slightly the best of the game throughout, the advantage being more marked in the second half. The forwards were fairly well matched, but occasionally Allport came through with the ball in fine style, amidst cries of "collar *that* man low." The tackling of the halves was good, but their passing weak. Biggs, at centre three-quarter, made a very good attempt at dropping a goal, the ball going just outside the post. Michael and Morgan on the wings both worked hard. Walling at back was, as usual, very safe.

Team:—H. Walling (back); C. E. Michael, J. J. E. Biggs and E. Morgan (three-quarters); P. F. Henry and C. Anderson (halves); A. Allport, F. L. Cloud, W. E. Hills, A. N. Rygate, A. H. Finch, S. Whicher, J. J. Foster, — Spicer and W. W. Farnfield (forwards).

On Saturday, January 28th, we play the Vampires, in the first round Surrey Cup. We shall be weakened by the absence of Stamford, who has injured his foot, and will not be able to play again this season, and Daniel, but shall place a good team in the field, and hope to win.

Team:—N. Lavers (goal); F. J. Lidderdale, H. D. Packer (backs); H. H. Hewetson (capt.), A. E. Crosby, W. Pool (half-backs); J. E. Walker, B. F. Pendred (right); R. J. Fitzhugh (centre); W. E. Waymark, G. Lawrence (left); Linesman, R. B. Stamford.

The match will be played at Hyde Farm, Balham. Trains from London Bridge, 2.5, 2.8, 2.35.

On Wednesday, February 1st, we play London Hospital, in first round Hospital Cup, at Essex County Ground, Leyton.

Birth.

SHAW.—On January 5th, at St. Thomas's Street, S.E., the wife of Lauriston E. Shaw, M.D., F.R.C.P., of a son.

Marriages.

WEBBER—MEW.—On January 4th, at St. Stephen's, South Dulwich, Henry Woolmington Webber, M.R.C.S., of Mannamead, Plymouth, to Ada Marian, third surviving daughter of Captain A. P. Mew, late of H.M. Bengal Army.

WINSLOW—NAPIER.—On the 11th instant, Walter Winslow, M.A., M.B., of Wallington, Oxon, to Constance Lillian, daughter of the late R. C. Napier, of Preston, Lancashire.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1892 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

FEBRUARY 11, 1893.

CLINICAL LECTURE BY DR. HALE WHITE.

RHEUMATIC NODULES AND THE OTHER RHEUMATIC MANIFESTATIONS OF CHILDHOOD.

CASE 1.

WM. R., aged 13, now in John ward, was shown at the lecture. Three weeks ago he had pain in the joints. First the knees, then the hands, then the back. Was in bed a week. His febrile symptoms and the pain were both slight. Then a red rash began to come out, chiefly over the front of the trunk. About the same time he first noticed several little lumps on the back of his hands.

On admission. Is a thin anæmic boy. Temperature, 99°. The tonsils are not enlarged. He complains of pain at the lower part of left chest. Here a faint rub can be heard.

There is a loud systolic apical murmur with a reduplicated second sound accentuated over the pulmonary area. The apex of the heart is in the normal position. There is a fading erythematous rash over nearly the whole of the body, but absent from the face, feet, and hands. It consists of circular, slightly raised, pale red patches or circles, the smallest usually the size of a sixpence. They have in many places run together, so that there are large areas of the rash with raised sinuous edges. It is a very good instance of erythema marginatum.

He has on various parts of his body, but chiefly in the neighbourhood of joints, and always attached to tendons, fibrous aponeuroses or fasciæ, a number of hard rounded nodules, varying in size from a large pin's head to a pea. They are not tender. They are very numerous on the extensors of both hands, both where they pass over the wrist and metacarpal bones, and they are especially marked where the tendons pass over the metacarpo-phalangeal joints, hence the movement of the wrists and phalangeal joints is impaired. Some are also to be found in the flexor tendons, especially the flexor carpi radialis, along which they can be felt for two or three inches.

Several can be felt in the neighbourhood of the elbow. Many can be felt and seen along the peroneal tendons, and one or two in those of the long extensor of the toes. Some can be felt about the patella in connection with the quadriceps tendon. They are very striking and very prominent down the back, there being twenty or thirty ranged irregularly each side of the vertebral spines. Altogether there are about a hundred scattered over the body. They are unattached to the skin. Some of those present on the back of the left hand when the boy came into the Hospital have already disappeared.

CASE 2.

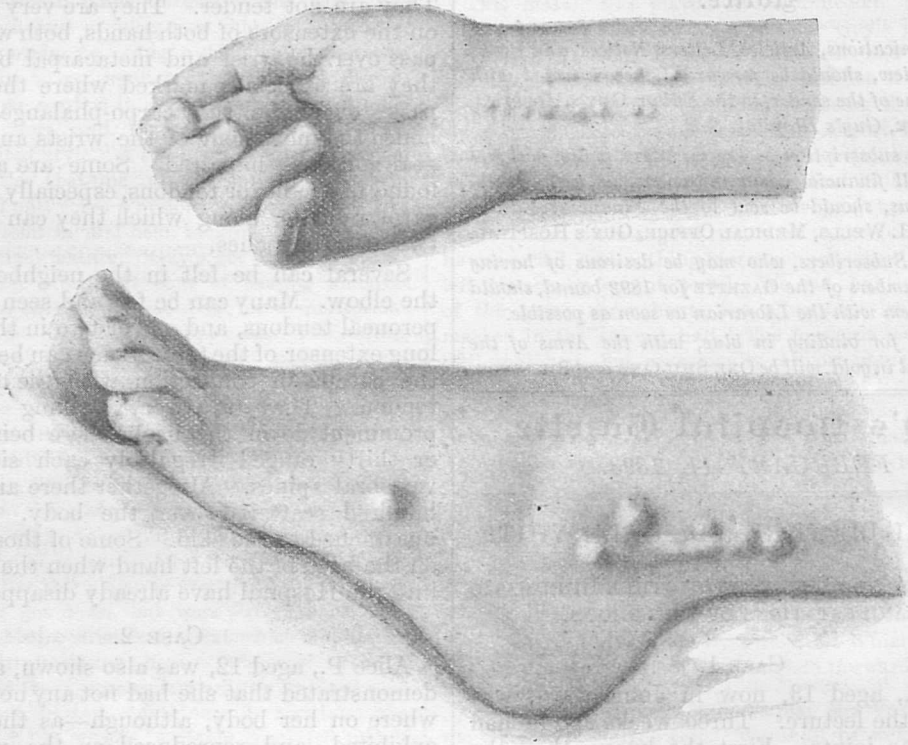
Alice P., aged 12, was also shown, and it was demonstrated that she had not any nodules anywhere on her body, although—as the drawing exhibited, and reproduced on the next page, showed—they were plentiful when she was in Mary ward two and a half years ago.

Five weeks before admission her mother noticed small lumps at both wrists and ankles. They were bigger than when she came in. The knees and ankles were a little swollen and painful at that time.

On admission. She showed in several places nodules similar to those described in the last case. They were best seen attached to the palmaris longus tendons on each forearm, near the wrist, and attached to the peroneal tendons at each ankle. There were some over the three lower dorsal and the lumbar spines, and there was one at the outer end of the clavicle and one on the scalp, over the left ear.

The apex of the heart was one and a half inches outside the nipple. The first sound was very rough, almost amounting to a murmur. The pulmonary second sound was accentuated. The patient was in the hospital three weeks. By the time she went out most of the nodules had disappeared. The last vanished about five weeks after she left the hospital.

On examining her now it is found that she has no murmur, but the apex is in the nipple line.



Figures showing some of the Rheumatic Nodules in the Case of Alice P.

Rheumatic Nodules.

The reason why these two cases are brought forward is on account of the remarkable rheumatic nodules they show. The chief points about these structures are the following:—

History.—They have only recently been discovered. First noticed in 1868 by Hillier, described as rheumatic by Meynet in 1872, and our knowledge was perfected in 1875 by a very elaborate description by Drs. Barlow and Warner.

Age.—Both our cases are children: rheumatic nodules nearly always occur in them, being excessively rare in adults.

Sex.—Like all rheumatic manifestations of children, they are commoner in the female sex.

Seat.—They are attached to tendons, fasciæ and aponeuroses. Common positions, about elbows, extensor tendons of hands, margins of patella, about the knee, extensors of toes, peroneal tendons, spines of the vertebræ and the fibrous aponeuroses either side of them, clavicles, parietal eminences, crests of ilia and sacrum. All these positions are illustrated in the cases shown. Other rarer seats are the ribs, the scapula, the occipital and frontal bones, the pinna of the ear, about the fibrous structures attached to the wrists, phalangeal joints and malleoli.

Shape, &c.—They are hard, globular, or oval, varying in size from a large pin's head to an almond, often arranged in a row on a tendon, and, when small, more easily felt than seen. The skin is not adherent, and they are not painful; but rarely they are slightly tender. When numerous they may impair the movement of joints.

Duration.—They may persist from a few days to a few weeks. While others are disappearing fresh ones may appear.

Diagnostic Value.—They are absolutely diagnostic of a rheumatic tendency, children showing them being sure to have some other rheumatic manifestation at some time or another.

Association with Heart Disease.—About three-fourths of the children having them have also endocarditis.

Prognosis.—Because they are so frequently associated with endocarditis they are of bad prognostic value, the children who show them often ultimately dying of cardiac disease. The cases shown illustrate the points mentioned.

Morbid Anatomy.—After death they look like boiled sago grains. They consist of new-formed connective tissue becoming fibrous.

Diagnosis.—They have been confounded with

(1.) Small syphilitic periosteal nodes.

(2.) Heberdens nodes, which are small tumours about the size of a pea, which form at the ends of the phalanges of the hand, usually about the terminal joint, sometimes the last but one. They are connected with rheumatoid arthritis.

Rheumatism, Acute Rheumatism, or Rheumatic Fever in Children.

The various manifestations of this disease are very common in children, and present several peculiarities in them which we will now consider. This disease, it must be remembered, is always absolutely distinct from all varieties of rheumatoid arthritis, osteo-arthritis, chronic rheumatic arthritis, chronic rheumatism, or rheumatic gout, which is excessively rare in children, for among a hundred cases not one was under ten years old. But in certain rare instances acute rheumatism, which usually leaves no permanent damage to the joints, leaves them in a condition indistinguishable from rheumatoid arthritis. I show you the photograph of a child recently in Stephen ward, who showed excessive permanent deformity of nearly all the joints of his body subsequent to rheumatic fever.

Peculiarities of the Manifestations of Acute Rheumatism in Children.—Many of these, it will be noticed, are illustrated by the two cases I have shown you.

1. *Endocarditis.*—This is the most important manifestation in children. Seventy-two per cent. of rheumatic children get endocarditis, against forty-six per cent. adults. Often it is the sole rheumatic manifestation.

2. *Chorea.*—More than half the cases of chorea are evidence of rheumatic tendency, for some other manifestation of it precedes or follows the chorea, which is very much commoner in children than in adults.

3. *Arthritis.*—This is a very prominent feature in adults, in children it is usually slight, for there is very little swelling and the pain is trifling, so that commonly the arthritis is overlooked, and the pains are set down as being growing pains. The only evidence of the arthritis in children may be a little stiffness about the joints.

4. *Fever.*—This is a prominent feature in adults, in children it is usually very slight and often overlooked. Children do not sweat profusely as adults do, and consequently sudamina are not common. Rheumatic hyperpyrexia is almost unknown in children.

5. *Anæmia.* — The anæmia subsequent to rheumatic fever is much more marked in children than adults. Rheumatic children are often very pale, wasted, feeble, and weak.

6. *Pericarditis* is about as common in association with rheumatism in children as adults, but is often overlooked because the other rheumatic symptoms are slight.

7. *Tonsillitis.*—This, which is often associated with the rheumatic state, is more common in children than adults.

8. *Pleurisy* in children, as in adults, may be rheumatic. This should be thought of as a cause of empyema in children.

9. *Erythema.*—The forms most often associated with rheumatism are E. multiforme, E. nodosum, and urticaria. Rheumatic erythema is more common in children than adults, especially urticaria and that variety of erythema multiforme known as erythema marginatum.

10. *Nodules.*—These are excessively rare in adults.

Other rheumatic symptoms have been described, but as they are doubtful they are not included. There is no definite order in which any of the above ten symptoms may occur. If any one occurs the others are likely to follow, and the occurrence of one or any shows that the child is rheumatic.

If a child has rheumatic parents it is five times as likely to have rheumatism as a child who has no rheumatic parents.

If both parents are rheumatic probably the rheumatism of the child will be very severe.

Up to twenty years rheumatism is commoner in females than males; above that, commoner in males than females. Occasionally it is met with under one year; from that time it gets commoner till the seventh year, when it attains its maximum frequency, which it keeps till puberty.

NOTES FROM DR. SHAW'S DEMONSTRATIONS IN PATHOLOGY.

THE STOMACH.

Ulceration of the Stomach.

1. In gastritis, v. Supra.

2. Anthrax (3682, 3683). Not uncommonly in the cases seen at Guy's, there are found small phlegmonous swellings in the stomach, which have a tendency to slough.

3. Tubercle attacks the mucous membrane of the alimentary tract from the tongue to the anus, but that of the œsophagus, stomach and duodenum less frequently than any other part (3678, 3679). The ulcers thus formed have nothing characteristic about them, and are recognized only by histological and constitutional evidence of the disease.

Tubercle may attack the serous surface of the stomach in tabes mesenterica (3680, 3681).

4. Malignant ulcers, v. Growth.

5. Idiopatric gastric ulcer, to which the names single, simple chronic and round ulcer have been applied, is generally oval, not always chronic, and sometimes multiple. Theories of causation are unsatisfactory. The irritation by black bread or by hot food or drinks has been suggested; as also a local gastric solution due to occlusion of a vessel. But occluded vessels cannot be found, and there is generally no cause for the occlusion.

a. Chronic (3658), with an exceptionally thickened edge for a non-malignant form, from a physician with a larger experience of gastric ulcers than any of his contemporaries.

b. Perforating, acute (3671); from an infant a few hours after birth (3669, 3672). These acute perforating ulcers are commoner in young women than any other patients. Otherwise the disease is not commoner in them.

Chronic (3666). This is not common.

c. The commonest position is on the lesser curvature and near the pylorus; possibly because this part is less movable (3366). There were no symptoms in the patient from whom this specimen was taken.

d. Healed ulcers are not nearly so often found as the frequency with which gastric ulcer is diagnosed in women who recover from their symptoms would lead one to suspect (3664).

e. Stenosis. The healing of the ulcer may lead to a more grave condition than the ulcer itself caused. Stenosis of the pylorus (3662), hour-glass contraction (3614A).

f. Multiple (3657, 3670). But these are unusual.

g. Adhesions to neighbouring organs, pancreas or liver especially, are common (3659).

h. The gastric artery may be opened by an ulcer, whether acute or chronic (3673), as may also the pancreas—*i.e.*, duct (3675).

i. They may become carcinomatous (3676, 3677).

Dilatation, Contraction, and Hypertrophy.

1. *Dilatation.*—Under this head one must remember that the size of the stomach varies immensely physiologically, according as it contains much or little food.

A. Without obvious obstruction (3684).

Paralytic. In some cases of chronic disease there comes on before death a sudden paralysis, and at the autopsy a much enlarged stomach is therefore found.

From constant over-distension by food, in gluttonous persons.

B. From pyloric obstruction, from—

Malignant Growth (3723 and 3723A).

Simple Ulceration, producing contraction (3662).

Ditto, associated with hour-glass contraction (3614A).

2. *Contraction.*—One form of contraction may occur in œsophageal stenosis, and may puzzle the surgeon when he tries to perform gastrostomy. In one such case the duodenum was opened in mistake for the stomach.

The contractions of medical importance are—

A. *Traumatic.*—Chiefly after poisons. An irritant, if it does not cause immediate death, may set up chronic gastritis leading to fibroid induration (3650, 3651).

B. *Malignant.*—Produces what has been called the india-rubber bottle stomach, the walls of which are thick and leathery (3718). It is not always easy to find histologically the cancer structure, for, as elsewhere the fibroid new growth often extends to a distance from the situation of the cells, and so, unless careful search is made, the malignancy may be overlooked. One eminent pathologist, in days when histological apparatus was less perfect, made this mistake, and so it has got into the text-books that simple gastritis might lead to chronic induration. He could point to one specimen only, and lately he himself has become convinced that even this was malignant growth.

3. *Hypertrophy.*—By this is meant a true increase in muscle tissue.

A. Unexplained (3685). This is from a child, which was admitted with constant vomiting. After death this hypertrophy was found.

B. *Pyloric Stenosis* (3723). — The commonest cause of hypertrophy.

C. Associated with diffuse growths (3716). The movements of the stomach are impaired by the growth, and consequently the remaining healthy muscle hypertrophies. It is difficult to decide how thick the muscle in a contracted stomach ought to be.

Non-malignant growths. These are much rarer than the malignant forms, and, as a rule, they give rise to no symptoms.

1. *Growths arising from the mucous membrane.*
   a. Papillomata (3689, 3691). These much resemble "localised rugosity," but they are as it were punctate instead of linear.
   b. Villous Tumours (3694, 3695). As elsewhere it is sometimes impossible with the naked eye to say whether a villous tumour is simple or malignant. The occurrence of an indurated base or of secondary deposits in other parts may help one.
2. *Growths arising from the sub-mucous tissue.*
   Polypi (3693, 3694). They are rare in the stomach.
3. *Growths arising from the muscular coat.*
   Fibro-myomata (3696). Are rare and occasion no symptoms.

Malignant growths are carcinomata or sarcomata.

A. *Carcinomata.* These may be classified histologically according to the character of their cells or of their stroma. Thus, they may be

Cylindrical celled (3697), or

Speroidal celled (3708),

And if the stroma is the basis of classification they are either

Scirrhous (3707) or

Medullary (3713) according as there is much or little fibrous tissue present.

A scirrhous growth may contain either kind of cells, and so may a medullary cancer.

The variety of cell element cannot be recognised by the naked eye, but, roughly, one may say that a large projecting tumour will be medullary; a small contracting growth is usually scirrhous.

To the naked eye there may be

a. Colloid degeneration (3699). This is not peculiar to either variety, and does not affect the malignancy. It is to be recognised by its gelatinous appearance.

b. Villosity (3702). Villous growths of the stomach are about half simple and half malignant; the latter have indurated bases and there may be secondary deposits.

c. Diffused, india-rubber bottle stomachs. These are usually spheroidal celled (3714, 3718), but not always, 3700 is a cylindrical celled infiltration; they are scirrhous in nature, and therefore contract the stomach. It is remarkable that they do not invade the duodenum or œsophagus although the entire stomach may be diseased.

d. Localised. The commonest seat of a localised cancer is the *Pylorus* (3698) where it causes obstruction. Other situations are the *Lesser curvature* (3712) and the *Cardiac end* (3597). 3712 came from an old person (æt. 73), who died of a strangulated hernia, the enormous growth had given rise to no symptoms. A growth at the cardiac end may begin in the stomach or in the œsophagus; if it begins in the latter it will be a squamous-celled epithelioma.

e. Ulceration.—Nearly all these growths ulcerate.

f. Prominent mass (3721).

g. Opening the colon (3727). It is then often impossible to say whether they began in the stomach or colon.

h. Causing perforation (3726A).—This is rare in malignant disease.

B. *Sarcomata* (3730, 3731, 3732, 3733), are rare. There are only four specimens in the Museum, and these are probably all that have occurred at Guy's during the last thirty years. They do not ulcerate but form flat smooth plates, or they may form globular tumours; the pylorus is usually first and chiefly affected. The patients are usually young, 16, 18, and so on. Sarcomata may invade the duodenum; carcinomata never do so.

Lymphadenoma (3728) (Hodgkin's disease) invades the mucous membrane of the stomach, as of the rest of the intestinal tract, the muscle tissue is not much infiltrated, the mucous membrane is much puckered and not stretched smooth as in sarcoma.

The Duodenum.

Congenital abnormalities.

Pouches (3737) are usually situated near the biliary papilla, where the duodenum is most fixed. They are quite common, and are obviously not inflammatory in origin, but are due to some passive process such as distension from within or traction from without. A history of past intestinal obstruction is often obtainable. 3738 is of a different nature, being due to the yielding of the base of an ulcer; it is an accident not often met with, and may occur in any part of the duodenum.

Occlusion (3739 and 3740), is not of clinical interest, as the babies with this deformity enjoy only about two or three hours of existence, and these are mainly spent in vomiting; you get the bowel stopped by a membrane stretched across, or for a short distance the lumen may be obliterated and the bowel reduced to a mere cord.

Injuries are not as common as the surgery text-books would lead one to expect. 3741 is a case of laceration of the duodenum.

Post-mortem digestion (3742). If the duodenum suffers at all it is usually the first part that is acted on by the gastric juice, the pancreatic secretion protects the rest. The characters are rugged ulceration, with thinning, as in the stomach.

Congestion, v. Stomach, leading to hæmorrhagic erosion (3743).

Anthrax (3758).

Ulceration—

A. *Simple ulcers* (gastric ulcers of the duodenum), precisely resemble those found in the stomach, and

may lead to perforation (3754—3756); but this does not happen so frequently as in the stomach, and these ulcers do not show the same marked preference for young women. When perforation occurs you get a lot of brownish fluid in the peritoneum, which is alkaline and has not the fæcal odour. 3748 is of a more chronic nature, it has exposed the head of the pancreas.

B. *Ulcers due to Burns* (3750, 3751) are not often seen now at autopsies, for two reasons, viz., (1) Post-mortems on burns are not usually made. (2) Since the introduction of better methods of treatment these duodenal ulcers have almost vanished. They were probably due to septic intoxication. Experimentally it is found that you can produce congestion around the biliary papilla by injecting certain poisons under the skin, which make the bile irritating to the mucous membrane. In cases of duodenal ulceration from burns there used usually to be an anticedent process of prolonged suppuration up in the wards. Brunner's glands are not now regarded as having any action in the matter.

C. *Tubercle* (3757) is rare as high up as this. In this case it extends all the way up from the ileum.

Growth.

Benign Papilloma (3759). Of no clinical importance. It is around the bile duct.

Malignant Sarcoma (3760). It involves the stomach too. Carcinoma is so rare as to be practically non-existent.

Invasion from without. This may take place from any of the neighbouring structures, *e.g.*—

a. Cancer of the Colon (3760). This has caused a fistula, and the patient was therefore starved, the rest of the intestine being short circuited. In such cases one often gets fæcal vomiting.

b. Abscess.—Localised in peritoneum (3763, 3764). These may communicate with the duodenum, and it may be doubtful whether the abscess is due to a perforating ulcer, or some cause external to the bowel. An indication of this is given by the extent of surface, peritoneal or mucous, most ulcerated.

c. Suppurating gall bladder (3765) opening the duodenum, and so discharging its calculus. N.B.—This is the only way by which a biliary calculus large enough to cause intestinal obstruction can get into the intestine.

d. Abscess of the Pancreas (3766). This perforated the duodenum, and soon afterwards opened the hepatic artery. To stop the bleeding it was attempted to cut down on the "Gastric ulcer." For obvious reasons the operation failed.

Parasite. Ankylostomum Duodenale (3767). It causes severe and even fatal anæmia. It was a cause of many deaths amongst the workmen who made the Mont Cennis tunnel.

GUY'S HOSPITAL DEBATING SOCIETY.

Last Saturday week we had one of the most interesting meetings of this Society since its formation. The subject did not seem by any means a promising one, but Mr. W. K. Steele, in a few caustic phrases, soon roused all the Celt in Mr. Davies; and, in a swinging reply, Mr. Davies carried the meeting and motion.

Dr. Washbourn took the chair at half-past seven; the minutes of the previous meeting being read and confirmed, he moved an instruction that the next meeting of this Society be a "Ladies' Night," and that special invitations be issued by the committee to ladies connected with the Medical, Nursing and allied professions. Carried (*nem con*). Also suggested that on the ladies' night members refrain from smoking. The subject finally selected for this was a singularly appropriate one, viz., "That every facility should be given to women to enter the medical profession."

Mr. DAVIES then opened the discussion on the "Disestablishment of the Church in Wales." At the outset he asked the House not to regard this question as a political one in spite of party purposes. The native Welsh Church was a part of the ancient British Church founded during the Roman occupation of Britain. It flourished while the rest of Britain was heathen during the same invasion. King Ethelbert invited Augustine, after the latter had established the Christian Church in Kent, to extend its organisation over the ancient British Church in Wales. This, after peaceful conferences with the Welsh bishops, Augustine tried to do by coercion. Afterwards Norman nominees and bishops antagonistic to the Welsh Church filled every vacant see. When the Reformation arrived, more cruelties and injustices were practised upon the Welsh people, and Welsh endowments and Welsh Church property were both robbed for the benefit of the English Church. That was the history of the Church. Now a *National* church should be the church of the great majority of the people, and its office to further the interests and elevate the aims of the masses. But (and here followed a perfect whirlwind of figures) the Establishment in Wales hardly reached one-seventh of the total population. Mr. Davies then gave other figures to prove conclusively what no one disputes—the small number of real Welsh people who patronise the State Church, and denied that it had *ever* done anything for the masses. Mr. Davies then proceeded to give a few reasons which prevent the Established Church doing its work in Wales. One of the principal ones, in his opinion, was the total separation of the clergy of that Church from the Welsh people. Another reason for the failure of the Establishment was the scandalous lives lead by the Welsh clergy, and to this effect Mr. Davies quoted from Lord Aberdare's Speech, in 1879, at Swansea Church Congress. The Church had also been against every Act tending towards the benefaction of the masses. It had vigourously opposed the Reform Bill, and upheld slavery during the American War. The

literature of Wales, while greatly indebted to the Non-conformists, had no thanks for the Establishment, which had done nothing for it. Again, the Established Church made no regulations for religious instruction in the vernacular, and so it came that men with no knowledge whatever of Wales posed as pastors, with some really amazing results. An eminent divine, in pronouncing the blessing in Welsh, used habitually to say, "The peace of God which passeth all *vengeance*"; another, "Man is exceedingly tall (*sic*) by nature." He meant blind. In conclusion, Mr. Davies regard disendowment as a prevention of robbery, and an ending of one great cause of division; and, finally, that tithes should be appropriated for the common rather than for the benefit of the private individuals who rule the Welsh Church. Mr. Davies concluded an able and logical speech amid hearty applause.

Mr. BRICKDALE, in opposing the motion, briefly reviewed the causes leading to this motion, and was of the opinion that the real causes of this agitation was the depression in agriculture, which Wales (in common with the rest of England) was now passing through. He characterised the anti-tithe war as an attempt to break a contract freely made between landlord and tenant. As for the Church being unregenerate in the past, well, that simply meant that the Church was not then able to take care of itself. Also that there, no doubt, was a revival in Cardiff and Swansea, and other large towns in South Wales. The motion was of a piece with the decentralising and separatist mania now raging so acutely, and finally it was the thin end of the wedge which reformers like Mr. Davies were trying to get inserted, heedless of the results to England and to Christendom.

Mr. PARRY called attention to the change of front which the defendants of the Establishment had made. Formerly they used to defend it on abstract grounds and now on grounds of expediency. It was not the Church but the Establishment that was attacked.

Mr. HIGGINS supporting the resolution was followed by Mr. Moon. Instead of objecting to the priest in politics, Mr. Moon was of the opposite opinion to Mr. Higgins. Such an idea was based upon a totally false philosophy of life. He looked upon it as a good thing for agnostics or materialists to select bishops, inasmuch as it prevented any sectarian spirit entering the Church. Altogether Mr. Moon's view of Church *quâ* Church is the most comprehensive and elastic one I have yet heard.

Mr. HARRIS characterised the opposer's arguments as ungenerous and used in the heat of discussion.

Mr. CARDEN, speaking in grim earnestness, maintained the Establishment could exist without tithes, and also wanted to know why each and every church was not established, as that would bring them altogether. He did not know whether the meeting could see his arguments, and for himself he did not go against the fairness of Disestablishment.

Mr. H. DAVIES knew, from his own experience, that the clergy of the Establishment had their livings, their prayers, and their sermons made for them, and told us that our good old friend, "the flowing tide," is now with those who would disestablish the established.

Things were going very quietly, but help was at hand: Mr. W. K. Steele came to our assistance. He said, if the Welsh people did not know English that was simply a sign of their profound ignorance (angry murmurs), and drunkenness was pretty prevalent among other sections of the Welsh people besides the clergy, *e.g.*, Swansea. (Cries grow louder). Followed a vivid description of an epidemic in South Wales which speaker had witnessed. A word-painting of the horrors of this, owing to belief in the doctrine of predestination during this epidemic. (Loud applause, and Wales passion-possessed.)

Mr. JENKINS, apropos of nothing in particular, asked the supporters of the resolution also to put forward a plea for the disendowment of Guy's and everything else. In his opinion Disestablishment was merely a plot to get money into English hands.

Mr. CAREY PITT, in a maiden speech of great promise, contended that the Welsh Church was not forced upon the Welsh people, and went on to use "local colour" very ably in his arguments; he, however, favoured reform in selection of bishops, etc.

Rev. Mr. BOWDEN regarded Establishment as really a business arrangement, and expounded in lucid manner the articles of association between Church and State. He regarded the compact as one which could be broken whenever the people so willed, but later denied that the members from Wales really represented any but a minority of the Welsh people. He agreed with Mr. Carey Pitt in reformation of church government, and gave instances of present day evils. He further contended that, had the Church in Wales no money, nothing would have been heard of its Disestablishment, and concluding by supporting the motion academically. Altogether he put the relations of Church and State in a light which no other member seemed to have heard of.

Mr. PASSMORE contended that the church revenues had all been robbed from Roman Catholics. He also charged the Church party with forcing opium on India and China. Quoted Dean of Bangor to prove alienation of the Welsh people.

Mr. PAKES maintained that tithes were but a ground rent on land going by accident to the Church, and that the state of the Welsh people was due to former work of the Welsh Church, which educated far more Welsh children than did the School Board, etc.

Mr. BRICKDALE said that as he had been accused of every crime in the decalogue, he would, at once, apologise for all. As the opinions in his first speeches were not really his own, he would no longer speak for what he thought the wrong cause.

Mr. DAVIES, in a stinging reply, charged Mr. W. K. Steele with profound ignorance and the continued use of invective. The Welsh pulpit had never been prostituted to politics. The Welsh alcoholic! Why, is not crime a test of that? and the Welsh people had the lowest percentage of crime on the "three oisles." As for the representation of Wales not being really representative, why all the

world knows that the Welsh are far and away the most enthusiastic of any in their keen interest in politics.

The motion was then put and carried, the numbers being .. .. Ayes 25
Noes 16
Majority for 9

And then to coffee and reminiscences.

C. P. HIGGINS.

Reviews.

FROM THE "NATIONAL OBSERVER."

A Biographical History of Guy's Hospital. By SAMUEL WILKS, M.D., LL.D., and G. T. BETTANY, M.A., B.Sc. London: Ward, Lock.

"The value of the *Biographical History of Guy's*, by Dr. Wilks and the late Mr. Bettany, will be high, or low, or middling, according to the point of view. The mere friend of Guy's or the "Guy's man" will probably rate it high, the critic of Guy's will certainly rate it low, and the ordinary reader who is little acquainted with Guy's will surely find it an array of interest. It is essentially the kind of book that should be "for private circulation only." That is to say, although many useful facts may be gathered from it by anyone who may think it worth his while to write a history of the Hospital, it is too lacking in completeness and proportion, is too eulogistic, and too much given to say merely smooth things, to be dignified as "history." For instance, twenty or more years ago Guy's was almost rent in twain over the notorious nursing question: to that there is the barest passing reference; ten years ago since Guy's, through depreciation of its landed estates, had reached such a depth of impoverishment that four or five hundred beds were closed: and of that there is scarcely mention. About the same time, or later, there was, no doubt, domestic mismanagement; and to that there is merely an implied allusion in an admission that an inadequate administration was reformed.

These objections taken, there is much that is agreeable and interesting in the book. Its method is simple, and handy for reference. The first section—a short one—is devoted to a life of Thomas Guy, the founder; the second to an account of Guy's in the eighteenth century—which account consists mainly of short professional biographies of all the physicians and surgeons of Guy's during that epoch; the large third and fourth sections—again mainly made up of biographies—to the story of Guy's during the present century; while the short fifth section sets forth a general view of the work of Guy's in the last few years. The first section Mr. Bettany has written to excellent purpose. Mr. Thomas Guy has been commonly represented by legend and chronicle as a bookseller, or publisher, of not too scrupulous honesty, who built an Hospital to appease his conscience. But Mr. Bettany, assiduous in research, has completely rehabilitated the founder, and has set him forth as a person of great intelligence and sagacity, piety and generosity. For years before he founded his own hospital in 1721 he was a chief patron of St. Thomas's, which then dwelt in the Borough, to which he added a wing. Moreover, his generosity was not confined to hospitals; a whole troop of poor relations were his pensioners, he gave plenteous alms to unfortunates in his own line of life, and he seems to have been the founder, not only of Guy's, but of the publishing house known as "Longmans." But the biographies of the Physicians and Surgeons of the Hospital, scrappy though they be, are by far the most attractive reading: that not because they are well done—(they are, indeed, rather ill done)—but because everything relating to doctors, their practice and their humours, their oddities and their generosities, is dear to a doubting and cynical generation which can still believe in the singleness of eye and the sincerity of heart of the men who take charge of its health. There have been many famous physicians and surgeons connected with Guy's and its medical school—Dr. Jurin and Mr. Samuel Sharp, in the eighteenth century, and Sir Astley Cooper, Dr. Bright (of "Bright's Disease"), Sir William Gull, Dr. Moxon, and Mr. Edward Cock, in the nineteenth; but no names are more notable or memorable than those of Sharp and Cooper. Mr. Sharp was not a very great surgeon in our modern sense, but he was an extremely acute and vivacious person, and in some sort a friend and disciple of Voltaire. He travelled in Italy, and the "Letters" he published on his return created a very pretty literary quarrel with Baretti. In one of those letters there is a casual statement which throws a stream of light on the condition of the hospitals of the time. Mr. Sharp had seen in Florence an "iron-framed bedstead, made to exclude bugs," and he says that his attempts to introduce similar bedsteads into London hospitals had failed. Then he goes on to declare, to our amazement, "In the hospitals in London bugs are frequently a greater evil to the patient than the malady for which he seeks an hospital. . . . . Thousands of miserable wretches are tormented, sometimes even to death, by these nauseous vermin." This confirms a story, which Gull would tell, that when Mr. Harrison ("The Boro' King") was Treasurer to Guy's in 1797, £40 a year (as much as the honorarium to a physician) was paid to a "bug-catcher."

"Sir Arstley" was a contemporary of Nelson, and, like Nelson, was a native of Norfolk. He is described as an extremely handsome man. Like Sir Willoughby Patterne, he had a leg of which he was so unaffectedly proud that in lecturing he would frequently put it on the table to illustrate the place or appearance of certain muscles or bones. He was, withal, of the extremest industry. What would a hard-worked practitioner of the present think of the distribution of Sir Astley's day? He rose at six; dissected privately till eight; breakfasted on two buttered hot rolls and a cup of tea, and skimmed

his newspaper; at half-past eight saw a crowd of patients (gratuitous) till ten; from ten till one saw paying patients; at one sharp drove to Guy's, and went the round of his wards; at two crossed the street to St. Thomas's to lecture on surgery; after lecture drove off to visit private patients or to operate privately until half-past six or seven, when he dined rapidly, and after dinner slept ten minutes, and then started to lecture on surgery (if it were a lecture night); then visited patients up till midnight; and so to bed. Nor do these items represent the whole of his activity; for every spare minute in his carriage was occupied with dictating to one or other of his assistants comments on cases or notes on subjects for discussion or speculation. Among other distinguished men connected in one way and another with Guy's were John Keats, "a loose, slack youth, with large and lustrous eyes," who was a diligent student; James Hinton, known as a specialist on the ear, but better known still as the author of "Man and his Dwelling-place," and of sundry notable mystical essays in the old *Cornhill;* Frederick Denison Maurice, who was chaplain from '36 to '46; and, lastly, Mr. Gladstone, our only Premier, to-day the most famous of the Governors. Guy's, in short, is a foundation of which Londoners in particular, and Englishmen in general, do well to be proud. It has for a hundred and seventy years been a centre of beneficence, not only as a Hospital but as a Medical School; and if we may not say that other hospitals have done excellently but Guy's excelleth them all, we may at least admit that the sins of Guy's—and Guy's has sinned—are more of omission than of commission. We may even express a belief that the reforms of the last five years will remove all possible doubts as to the entire beneficence of Guy's existence.

We have received from Messrs. J. & A. Churchill, the publishers, a little book dealing with Physical Education, reprinted from *A Treatise on Hygiene*, edited by Stevenson & Murphy.

The value of the reprint may be judged by the fact that on the title page appears the name of Mr. Frederick Treves. Many as have been Mr. Treves' contributions to surgical and scientific literature, many and valuable as have been the weapons which his mature thought and great experience have added to the armoury of modern warfare, which we, as students of medicine, wage against disease, none, from a prophylactic point of view, have been more suggestive or more truly radical than the little volume we have in our hands.

Just as it is a well-known circumstance that some of the last facts grasped by a student, in connection with a certain disease, are those dealing with its treatment or with its relief, so we would advance that still later, and often not at all, is it recognised that prevention is indeed better than cure, and that it is a higher aim of medicine to improve the class of ship that sets sail over the waves of life, rather than to patch up rotten hulks to rise to a few more breakers before they reach their last resting places upon the mudbanks of eternity. Now, while we hand over the improvement of man's environment to those who have made Hygiene their especial study, let us not forget that it is our duty to see that man himself is bettered from an animal point of view. For civilisation having gripped Nature by the throat and thwarted to a great extent her natural laws, by which she aims at the production of and retention of a good breed of animal, it should be our study to replace, as far as lies in our power, those natural laws, deadly as they are to the individual, though good for the race, by a system of education which will at the same time spare the unit and improve the whole.

This, then, is the aim of Physical Education, to develope man's body into a fit receptacle for his cerebrum, to enable him to pass through a life, not only to creep through an existence, to poise his brain on a shapely neck and broad shoulders, to help him to escape disease, to improve congenital defect.

After an eloquent introduction, setting forth the advantages of a trained body, Mr. Treves proceeds to consider the general effects of exercise upon growth and development, upon personal comeliness and comfort, and how these react on the mental and moral half of man.

Next the physiology of Fatigue is discussed, and then after a short section dealing with the harmful effects which an abuse of bodily exercise may lead to, the various sports and methods of development are dealt with seriatim, the good points of each, and where possible, the actual muscles involved being dwelt on. Lastly, differences in sex and age and their bearing upon the forms of exercise which should be chosen in individual cases are considered—the pages dealing with the physical education of girls and women being of especial interest. In short, the book is concise and compact, neatly bound and brightly written, it is a volume which the athlete will do well to consider, the mother to lay to her heart and the student of medicine to ponder over. Small though the book may be, yet hath it an important matter to discuss, a great mission to preach; carefully considered and acted upon it will do much to scare away that mental ghoul of the future which novelists fright us with, the "being" (we cannot say "man") our descendant, mighty of brain and huge of belly, but dwarfed of limb, little of heart and reft of all those characters which make up the perfect human animal.

RECENT PUBLICATIONS.

Ballantyne, J. W. Diseases and Deformities of the Fœtus. Vol. I., 8vo. Simpkin, 10/6.

Bruce, A. Illustrations of the Nerve Tracts in the Mid and Hind Brain. 4to. Pentland, £2 10s.

Jaksch, R. V. Clinical Diagnosis. 3rd edition, translated and enlarged by James Cagney. 8vo. Griffin, £1 5s.

Mathews, J. M. Diseases of the Rectum. 8vo. Kimpton, £1 1s.

Munro, W. Leprosy. 8vo. Heywood, 3/6.

THE LATE MATRON.

The Hospital had scarcely recovered from the shock it sustained by the sudden death of Dr. Steele in the autumn, when rumour began to be busy with the reported resignation of the Matron. Rumour, in this case, happened to be the forerunner of fact, the late Matron, Miss Victoria Jones, having found it necessary, from domestic causes, to place her resignation in the hands of the Treasurer at the beginning of this year, who laid the same before the Court of Committees on the 23rd ult., when it was accepted with every expression of regret.

In losing Miss Jones, the Hospital is deprived of the services of a highly capable and efficient officer, whose devotion to her duty, and energy in carrying out the same were, even amongst Guy's officers, most conspicuous.

Succeeding to office, as she did, at a time when a good deal of the friction that had been abroad in the Nursing world was quieting down, she managed by her personal influence to impress upon the Sisters and Nurses that high sense of devotion to their calling, which we hope may be said is characteristic of them; and whilst a strict disciplinarian over whom she was officially placed, was, to those who were admitted to her intimacy, a sincere and trusty friend.

Miss Jones came of a good family in South Wales, and after training at Charing Cross Hospital, and St. John's House, was in 1879, appointed the Sister of Philip ward. Her capabilities soon warranted her transfer to "Clinical," and upon the resignation of Miss Burt, in November, 1882, she was appointed Matron of the Hospital.

We trust that in her well-earned retirement, she may regain a larger measure of health, and have pleasing recollections of "Duty, well done" at Guy's.

CLUBS' UNION.

A Meeting of the Council of the Clubs' Union was held on January 30th, at which Dr. Taylor, Mr. Brailey, Mr. Fripp, Mr. Shorland, Mr. Fisher, and Dr. Shaw were present.

A Committee, consisting of Mr. Fripp, Mr. Cooper, Mr. Shorland, and the Hon. Sec., presented a Report upon the internal fittings and furniture required in the Pavilion. The report was adopted, and the Committee re-appointed, with authority to expend a sum not exceeding £120 upon furniture and fittings at the Pavilion. The fittings consisted chiefly of lockers for the use of members, and the estimate for these sent in by Messrs. Hammer, of Church and School Furniture fame, was accepted.

An application from a local club for permission to use the Clubs' Union ground on certain Saturdays in the year was refused, as it was felt that it would interfere with the convenience of the members of the Clubs' Union. It was pointed out that the rules of the Tennis Club, at present in force, would require some modification when the Club started its new courts at Honor Oak Park, and Mr. Fisher, as Captain of the Tennis Club, undertook to bring the matter before the Committee.

PASS LIST.

FINAL CONJOINT EXAMINATION. JANUARY, 1893.

MEDICINE, SURGERY AND MIDWIFERY.

*Pantin, C. S. *Still, G. F.

MEDICINE AND SURGERY.

Bearblock, P. E. Cooper, H.

MEDICINE AND MIDWIFERY.

Eyre, J. W. H. Lockyer, G. E.
Worts, S. E.

SURGERY AND MIDWIFERY.

Beddoe, D. M. Buchanan, A. G.
Luce, R. H.

MEDICINE ONLY.

Adams, E. L. Sharp, A. J.
*Bensley, E. E. Simons, R. J. R. C.
De Korté, W. E. Todd-White, A. T.
Edwards, F. H. Tuck, E. S.

SURGERY ONLY.

*Allworth, A. L. *Donnelly, W. T. B.
*Baird, J. J. W. *Henry, G. W.
Compton, J. H. John, T.
Croneen, S. *Phillips, C. M.

MIDWIFERY ONLY.

Bedford, R. T. Hazell. F.
Coulson, J. E. Hinds, H. A.
Dixon, W. H. Jewell, W. H.
Eastment, J. W. Johnson, W. J.
Hacquoil, P. H. Shillitoe, A.
Harding, C. H. Simpson, F. H.

* Denotes completion of examination.

UNIVERSITY OF LONDON.

PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION JANUARY, 1893.

ENTIRE EXAMINATION.—SECOND DIVISION.

Owsley, G. Chetwode.

CHEMISTRY AND CHEMICAL PHYSICS.

†Carter, A. H. †Hodgson, C. R.
†Cleveland, A. J. Marriott, O.
†East, W. N. †Mayston, R. W.
†Glover, J. A. †Webb, G. B.

BIOLOGY.

†Balderston, R. †Evans, Evan
Berry, T. P. Handson, L. E. C.
Ruzzak, S. A.

†These Candidates have now completed the Examination.

MISS VICTORIA JONES.

From a Photograph by Walery, London.

Passim.

There was a great crowd of Guy's men to witness our match with Bart's. last Tuesday. Several members of the Staff were present, amongst whom we noticed the Dean and the Warden, whose presence was very pleasing to everyone.

The one-sidedness of the result was a surprise to most people, as a much more even game was expected; Bart's., however, severely suffered in the loss of one of their half-backs early in the second half. Previous to this the Bart's. forwards had held their own, but afterwards, playing eight to nine, they were completely over-run.

The chief credit of the win was due to Jackson, who, though suffering from a strained leg, played superbly; the way he took his passes and picked up appeared quite a marvel to those of us who had not seen him before. Hancock was in his very best form, running and tackling beautifully, while his two penalty kicks at goal, the first of which was successful, were a rare treat to see. Alexander collared and kicked grandly, and never lost his head. Bell was in good form but seldom got a chance. Jones played well at times, but did not look where he passed and so twice sent the ball straight to their centre.

Of the forwards we liked Edwards the most, he being always on the ball and working hard; Ensor also showed up in the loose, but as a whole they were undoubtedly poor; in the first place they are either not heavy enough or do not use their weight; and again, they do not get the ball often enough, and when they do, are very slow in getting it out. They will have to remember that if Guy's fail in their following ties, the failure will be entirely due to them.

It is, however, only fair to state that four men were prevented by illness and other good reasons from being available for the two vacant places, while another preferred not to play as he was not in the original selection. (What a "sporting" spirit!)

Our next tie is against King's College, and will be played at Richmond next Tuesday week.

To the undermentioned gentlemen our congratulations are due for honours in the various departments of Sport. In the cross-country contest between the Lea Harriers and the United Hospitals Hare and Hounds, on Saturday week last, H. A. Munro accomplished the distance (five miles), at Chingford, in the excellent time of 31 min. 5 sec., the winner, F. A. Cohen, just beating him, after a fine race, by 30 yards. M. E. Tresidder and R. Balderston also ran for the Hospitals. V. E. Collins, with 4 secs. start in the Otter Swimming Club Winter Handicap, 76 yards, at St. George's Baths, was only beaten by a touch for first place by the scratch man, A. A. Green, after a hard race; time, 53 secs. It is also a matter for hearty congratulation that A. Allport played in the fifteen which represented England against Ireland, on the Lansdowne Ground, on Saturday last. This is the second International match in which Allport has figured. It will be remembered that he obtained his cup last season for England against Wales, which was played at Blackheath.

Miss Sarah A. Swift, who has lately been appointed by the Treasurer to succeed Miss Nott Bower as Lady Superintendent of the Trained Nurses' Institution, has had nearly fifteen years' experience since she entered as a probationer at the hospital of Kaiserwurth. From 1879–82 she worked as Staff Nurse and afterwards as Acting Matron at the Royal Infirmary, Dundee. The next five years were

spent in that town as Sister-in-charge of the Home for Incurables, combined with the superintendence of a branch for District Nursing. In 1888 Miss Swift was Ward Superintendent of the City Hospital, North Liverpool, and in 1889 she came to London as Night Superintendent of the London Fever Hospital. In 1890–1 she was Sister-in-charge of the Seamen's Hospital, Constantinople, and in December of the latter year she entered Guy's. In the absence of the late Matron, from ill health, during the last year, her place has been taken by Miss Swift, and it is not too much to say that few of those who have worked at Guy's have so rapidly established a reputation for tact, considerate kindness, and administrative ability of a high order. The same qualities displayed in her new position will, we doubt not, make her a most successful Superintendent of the Nurses' Institution. She takes with her the best wishes of all those with whom she has come in contact during her career in the Hospital.

Dr. Hale White calls our attention to the following passage from "The Englishman in Paris"—"The *leitmotif* of Louis Philippe's conversation, witty and charming as it was, partook of the avaricious spirit of a Thomas Guy and a John Overs rather than that of the great adventurer John Law." Whoever the mysterious author of this fascinating book may be, we hope the new Biographical History of Guy's will come under his eye. He will find that Thomas Guy's avarice was a whim and an accident, and that far-sighted generosity was more really characteristic of the man. It may be that historical whitewashing is a mania just now, but in the case of our Founder the facts speak for themselves. He was just one of those men whose character could not possibly be got into right perspective by their contemporaries.

The review of Wilks' and Bettany's History, which we reprint from the *National Review*, has probably not been previously seen by a large proportion of our readers. The writer displays ignorance of his subject in talking about the closing of five or six hundred beds at Guy's, but as far as the literary criticism is concerned, we think the article well worth reproducing.

The Physical Society has listened to two interesting papers since we last reported its proceedings. Mr. J. A. Howard's paper on Uræmia was an important contribution to a difficult subject. It was followed by an excellent debate. Mr. C. S. Pantin's able essay on the "Ætiology and Treatment of Acute Rheumatism," was given on the same day as Dr. Hale-White's Clinical on kindred subjects, so that we all felt specialists by supper time. We hope to deal with both these papers before long, and only regret that we have no space to report the debates which followed the reading of them.

We have been asked to state that a Medical Missionary is required by a certain Society to go to North China. If any of our readers should be inclined to apply for this post, we shall be happy to refer them to the proper quarter.

We take the following from our brilliant contemporary, the *Corpuscle*, the Organ of Rush Medical College, Chicago. Those rare moments when we are modest enough to feel that we might take a hint from other columns, usually follow the receipt of the Rush paper:—

"The Corpuscle was the first medical college paper published in the United States, and, with the exception of *Guy's Hospital* paper, the first in the world. It was a new adventure, yet it was talked of for years by medical students. The Corpuscle has been a success; it has recorded numerous lectures and clinics that could not have been preserved in any other way, and the worth of the journal is only known when we consider that students are daily buying numbers of the first volume for preservation and study. We believe The Corpuscle has been a help to the students of Rush in more ways than by giving them the lectures of the Faculty. We have tried to secure articles that will give the student light

on different subjects and the proper way to pursue their researches. We have tried to show where the student could do better by pursuing another course. The Corpuscle has not only been a means of helping the students of Rush, but it has stimulated other schools to follow it, and now, in this city, two other medical schools are publishing journals, while from far-off Calcutta comes the news that they have started a college journal. We believe the medical college journals will accomplish more than the literary college journals will do, and that they have come to stay. We bid these young journals welcome and hope to see many more, as good, spring up next year."

The oldest Medical School paper in the world greets the second oldest, and endorses every sentiment thus expressed. Our aims and, we think, our successes are akin.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—I venture to suggest that those who were cognizant of the services of the late Matron, Miss Victoria Jones, during her ten years' residence at Guy's, may like to join in presenting her with a small testimonial, in acknowledgment of their regard for her, and the valuable work she has rendered to the Hospital.

The estimation in which the Governors held her services, may be gathered from the accompanying copy of a Resolution of the Court of Committees passed at a late meeting of that body.

The names only of subscribers would be sent to Miss Jones, as an address to accompany the present.

Subscriptions would be received by Mr. Henry Williams at the Counting House, and when the list is complete, a Committee of Subscribers will be summoned to determine the form that the testimonial should take.—Yours faithfully,

E. H. LUSHINGTON,
Treasurer.

Treasurer's House, Guy's, January 31.

Copy of Resolution passed at a Court of Committees held on January 23rd.

"Resolved, that the Governors accept the resignation, by Miss Jones, of her office, with great regret.

"They desire to record their sense of the zeal and activity shewn by Miss Jones, in every department under her charge, during her ten years' tenure of office.

"Many useful reforms have been carried out at her suggestion, and through her personal influence the position of the Nursing Staff has been materially improved, and its members elevated to a higher sense of devotion to their calling."

Dear Sir,—I do hope the Guy's Musical Society will be properly supported. If only I could "read at sight," I would become an active member at once, but the lack of this qualification prevents me from doing more than urging its claims in your columns. My point, sir, is this: in all our smoking concerts and other entertainments, all, or nearly all of the really high-class items are contributed by visitors. For the most part our own men content themselves by being funny. Now, sir, it is much easier to be funny than to be excellent; especially if our humour consists in sailing near the wind! We have one or two men I admit, who would be an acquisition anywhere, but I repeat, if any high-class music is found in our programmes it is nearly always associated with the names of strangers. This is what I hope to see the new society do much to alter. Perhaps, sir, I had better sign myself

A MUSICAL PHARISEE.

THE FINAL CONJOINT.

How Not to Do It. By One who Knows.

As some of our readers have been heard to express surprise at the success which has recently attended the endeavours of certain candidates to get plucked at this examination, it is our intention, for the benefit of those for whom the veil has not yet been lifted, to describe fully the method to be adopted that they may infallibly attain the same distinction.

Before doing so, the following valuable statistics, most carefully collected from the *rejected candidates themselves*, should be thoroughly studied, and will undoubtedly prove useful:—

Of 100 rejected candidates:—

99 have an unlucky *viva* with an unfair examiner.

1 wonders how he had the "cheek" to go up.

The cases of unfair *viva* may be divided as follows:—

In 40 per cent. the examiner stuck at the same subject all through, after he had found "that I knew nothing about it, and of course, if there was any one thing I did not want," &c.

In 30 per cent. nervousness (generally acquired and not congenital) is a factor: "He put me right off, disagreeable old beggar—ragged me on every word I spoke," or "seemed to have been refreshing, the grinning humbug, and didn't care what I said"—as the case may be.

In 15 per cent. the candidate has been asked "fads," or "stuff only found in the examiner's own rotten little book."

In 10 per cent. an unfairly high standard has been required: "Wish I had had your *viva* instead of mine; he asked me nothing but book work."

In 5 per cent. an unfairly low standard has been used. "I had been wasting too much time on reading; I had nothing but cases and conundrums."

Of 100 accepted candidates (these figures being obtained from the same trustworthy source as those above).

99 are very lucky in having a fair *viva*.

1 the examiners dare not pluck.

"Didn't you hear of Jones Robinson Brownsmith, the gold medallist at the University of Whitechapel, to whom they were going to give six months? It was only because Dr. Magnanimous, of the same hospital, said they would make themselves ridiculous," &c., &c.

These statistics having been absorbed and credited by the would-be candidate, he is in a position to benefit by the advice that we shall shortly give. One word of warning—that is, that if our system be not carefully followed, the candidate will run a serious risk of ignominiously becoming qualified.

Our golden rules will be divided into a general, and a special set, and we will take the general set first, as, if discreetly applied, they will enable a thoughtful man to get easily plucked in any subject he may choose.

GENERAL RULES.

1. Never read up cases when doing appointments. By this simple means, the knowledge of a few rule-of-thumb methods, and solid ignorance of the existence of others, are easily acquired. By displaying these qualities in public, a reputation as a "practical man" is readily obtained, *i.e.*, the sort of practical man Disraeli indicated as "he who practises the errors of his predecessors."

2. Avoid or shirk all pathology. This will be found most advantageous in all three subjects.

3. If you are a University man, more especially a London man, as those of the older Universities rarely descend so near earth as the Thames Embankment (did some one whisper "afraid"?), enter upon the Conjoint Examinations with great care, lest you blind an examiner by the dazzling brilliancy of your knowledge. If an opportunity occur, patronize, or even chaff one of the questioners. In a *viva*, waste time searching through your crowded mental storehouse for a reply which shall be understood of a common, or college, person. A skilful application of these principles will usually end in the desired result.

4. In all *vivas* adopt an equal or superior manner towards the examiner, or assume an excessive nervousness; to be sulky is perhaps as useful. Above all, avoid being simply respectful, and never allow an examiner to teach you.

5. If an examiner differ from you, re-assert your opinion, giving your authority in a manner implying his benighted ignorance. You should never permit an examiner to suggest that there may be two sides to a question.

6. If a statement should be doubted, and you are not quite sure you are in the right, do not make a confession of weakness, but stick to the original lie. Another plan, answering equally well, is to have a few varied guesses, just to fill up time. Both these methods are superior to saying honestly that you are not certain as to the point. The worst plan of all, if you wish to attain the object we are keeping in sight, is to know of the existence of different views, and to give them, with their respective merits. By adopting the previous methods, however, the examiner will generally be brought to confer upon you the order of the "knock."

7. Be careful to use bad English, slovenly arrangement, and illegible writing, in your paper; prefer sins of commission to those of omission. Examiners have pleasure in recognising these eccentricities.

8. Carefully estimate the exact amount of work that you consider necessary, and take a heavy discount off this. Never quote cases that you have seen; and, when possible, quote cases that you have never seen. These hints are very valuable.

These are the simple general rules, which have been tested and found quite sufficiently useful by the writer, who will guarantee their infallibility to all who choose to practise them.

Turning our attention now to the special set of rules, we shall consider those necessary to attain our end in any particular subject.

Firstly, in Surgery:—

1. Do not attempt to grasp the broad principles of surgery, but acquire a knowledge of a few regions in the form of "useful lists." Cram books will be found an excellent resource.

2. In a clinical examination always make a shot at the diagnosis on sight—the more out-of-the-way, the better—and then describe the case from your memory of the books, and not by your special senses. This is practically a certain method.

3. Avoid a knowledge of the indications and contra-indications for operations. Invariably suggest a heroic treatment, and be unacquainted with the method you suggest, in any case.

4. (Is so simple as scarcely to need repeating, but, as it also applies to medicine and midwifery, for completeness we will add)—Never touch anatomy after the Second Conjoint.

Secondly, in Medicine:—

1. Go up on book-knowledge, as unsullied by clinical observation as possible. Be able to describe tubular breathing, but not to hear it.

2. Resent the suggestion that you should know anything of nerve diseases, or whatever it may be that you find uninteresting. Examiners rejoice to meet a man able to differentiate the useful from the useless in their branch of science, and usually give him "six of the very best."

3. Avoid materia medica and therapeutics. This is an easy little rule, and works well.

Thirdly, in Midwifery:—

1. Acquire your operative midwifery and mechanism of labour, from the books only. Never look at an instrument, a pelvis, or a fœtal skull.

2. Regard the subject of Diseases of Women as a mystery to which ordinary surgical principles do not apply. Never take the opportunity that is afforded to

you at out-patients of seeing how simple it all is in practice. You may easily become sufficiently muddled by your reading to induce the examiners to grant you a few months' respite, before you, too, shall be labelled and licensed.

These, we think, are the chief points to which attention is to be paid by those anxious to defer the date of their diplomas, and we shall attach no blame to the Gazette if every Guy's man up next time should, by some means, unblushingly get through. SIX MONTHS.

NOTES FROM THE DISPENSARY.

Platypus Eucalyptus Globulus Oil.—The eucalyptus oils of commerce vary very considerably in their composition. Their value, from a medicinal point of view, depends mainly upon the amount of eucalyptol they contain, and the absence of aldehydic bodies that produce coughing and irritation of the mucous membrane. The Tasmanian Eucalyptus Oil Company, 138, Leadenhall Street, E.C., have sent us a sample of their oil, prepared at their Distilleries, Hobart, Tasmania. The characters and tests of eucalyptus oil, given in the British Pharmacopœia, are not sufficient to enable us to distinguish the oil best suited for medicinal use, but those laid down by Helbing and Passmore in their recent work on eucalyptus oils have removed this difficulty. We have submitted this oil to these tests, and find that it gives satisfactory results. We are of opinion that the sample is a perfectly pure eucalyptus oil and suitable for use medicinally.

Lactucarium.—The soporific powers usually ascribed in ancient times to the lettuce are supposed to exist in a concentrated form in lactucarium. Dr. Coxe, of Philadelphia, was the first to suggest that the juice of the lettuce, collected in the same manner as opium is collected from the poppy, might be usefully employed in medicine. The result of his experiments on the juice which he thus obtained from the garden lettuce (lactuca sativa) and called lettuce opium was published in the Transactions of the American Philosophic Society in 1799. At the present day lactucarium is rarely used. Numerous experiments have failed to show that this substance possesses more than very slight sedative properties, if, indeed, it is not absolutely inert. Dr. Garrod gave lactucarium in drachm doses repeated three or four times a day, without being able to perceive that it had any effect either as an anodyne or hypnotic. It would appear, however, from some recent researches that lettuce opium should not be put on the same list with those powerful remedies, injectio aquæ distillatæ and pilula micæ panis, which are occasionally given with such excellent results. T. S. Dymond has shown that there exists in lettuce-juice an alkaloid identical with hyoscyamine. It is present in very minute quantity, in the extract it does not exceed 0.02 per cent., while in the flowering plant it is not more than 0.0001 per cent. This is the first occasion on which hyoscyamine or any other alkaloid belonging to the mydriatic group has been found in a plant not a member of the natural order Solonacea, lettuce belonging to the natural order Compositæ.

Ricin and Abrin.—There exists in castor-oil seeds an albumose termed ricin, which presents numerous points of resemblance in respect of physiological action to abrin, the poisonous albumose to which the inflammatory action of preparations of jequirity seeds upon the eye is attributed. This similarity of properties has suggested the probability of their being identical. Both possess the property of cogaulating the blood in a peculiar manner, giving rise to numerous thromboses, especially in the intestinal vessels: they also effect similarly the mucous membrane of the eye, and they are both converted into non-poisonous substances by digestive ferments. Experiments made by C. Ehrlich, *Deutsch Med. Wochenschr, p. 1218*, have shown, however, that they are quite distinct substances. One peculiar action of abrin is to cause the loss of hair spreading round the point of injection. In toxic properties ricin was found to be about twice as powerful as abrin, but in their action on the eye this relation is reversed. Further, it is possible by special treatment to render an animal immune against abrin or against ricin, but the immunity against any of these albumoses does not involve immunity against the other. The practical inference drawn from the results of the experiments is that by the use of dilute solutions of abrin and ricin, and then carefully and slowly increasing the strength, all danger to the eye in using these substances may be avoided, without diminishing the healing effect.

H. COLLIER.

RECENT ADDITIONS TO THE LIBRARY.

Balhwill's Dental Mechanics.
Bower's Practical Botany.
Buxton's Anæsthetics.
Hewitt's Anæsthetics.
Lang's Zoology—Invertebrates.
Lee's Microtomists Vade Mecum.
Osler's Principles and Practice of Medicine.
Richardson's Dental Mechanics.
Snow's Anæsthetics.
Thorburn's Surgery of the Spinal Cord.
Cambridge University Medical Examination Papers for 1891 and 1892.

Presentations.

Althan's Influenza. By Dr. Stevenson.
Delafield's Studies in Pathological Anatomy, 2 vols., 4to. By the Author.
Maxwell's Terminologia Medica Polyglotta. By Dr. C. G. Wallis.
Pye-Smith's Diseases of the Skin. By the Author.
Taylor's Poisons, 1st Edition. By Dr. Dyke Acland.
Do. Medical Jurisprudence, 2nd and 3rd Editions. By Dr. Dyke Acland.
Hunterian Society's Transactions—Session 1891–2.

POINTS OF VIEW.

II.—FROM THE WEST.

POST GRADUATE TEACHING.

I have been asked, Mr. Editor, to give a brief article to the GAZETTE of my impressions of the London Medical Schools and of the advantages of London as a centre for medical education, with some comments on our American schools.

I will speak only from my personal experience of several months' residence and study here, the major part of the time being spent in Guy's Hospital. I will say, in the beginning, that my visit here and time spent in study have passed very pleasantly and, I think, profitably to myself. I shall carry home with me to America pleasant and kindly feelings for the English people, and a high respect for the professors and teachers whom I have seen and heard in the different London hospitals.

It is of the greatest importance that the young practitioner of medicine and surgery, after he has fitted himself and passed in the theory, to have practical illustrations and practical work under good and competent teachers before he launches out upon the sea of active practice. If he does not have this there will be times when he will learn lessons that will be very humiliating to himself, and possibly of vital consequences to his patients. The theoretical part of medicine can and possibly is as well taught in the provincial schools as in the larger medical centres, and if the student should pass his last two years of study in some large hospital connected with a school, he should be well fitted to enter upon his life work. But here, and I will quote Guy's, for I have made this my principal place of study, they have all of those advantages combined, and to my mind it is an ideal school for medical teaching, and for students aspiring to honors. I will note some of the advantages which it offers. The material for dissecting is abundant, and we all realise the importance of dissecting faithfully to learn anatomy thoroughly; besides this, Guy's has one of the finest museums of wax models of all the dissections, and the student can avail himself of this for anatomical studies when not dissecting. The museums of pathology and the post-mortem room, offer unsurpassed facilities for pathological study, also the laboratories for chemical and physiological research are good and will be better.

It is in the senior years, that the superior advantages of schools connected with large hospitals are shown. Guy's has the capacity of five to six hundred beds, and a medical and surgical staff connected with it whose reputation and ability are not confined to the English speaking tongue. The student now has the chance of taking his appointments, going through the different grades of medical and surgical clerks to the out-patient department and post-mortem clerk, to the higher positions as medical ward clerk, and dressers to the surgical staff, all of whom have most exceptional privileges at Guy's. Those who are successful in getting the highest appointments, house-physician and house-surgeon are indeed fortunate in having most excellent advantages. The time for the duties of these different positions is so arranged, that he has time for didactic lectures and collateral reading, and at the same time comes in practical contact with the different phases of medical and surgical diseases; in fact, in the better appointments has the actual management of the cases under the direction of his superiors. Thus we see the student has the theory and practice combined; he has had the experience of his teachers taught and illustrated practically; he has had the practical experience himself of caring for the patient, and if possessed of good average intellect and ability, he is on high vantage ground to commence his professional career. The opportunities are all that could be wished, and it only remains with the student how well he improves them.

But now a word as to Post Graduate teaching—and pardon me, Mr. Editor, I don't know that my views in this will be in harmony with yours and with others, but I should not be true to my word did I not give you my impressions in this also. My views may be similar to what I have heard some of the English people say in speaking of America—"Why it's such a great country and you do things on such a big scale." Well, it may be American to make the most of your opportunities, and the thought has occurred to me many times while visiting the different hospitals and seeing the great number of patients and different diseases treated, as to how it is being utilised to disseminate knowledge and experience in the medical profession. Do not understand me to infer that I do not think it well utilised, for it is, and no man who visits London hospitals and witnesses the operating or hears the clinical teaching, will but think his time well spent and to the best advantage. Probably, in no place in the world will he see more operation work or get better advantages for study. But could it be better utilised or more concentrated? I will give you a brief outline of the New York Post Graduate School, which I think is a fair representation of American progress. The school is centrally situated and has a large hospital connected. The faculty consists of some of the best men in the profession, with a large corps of teachers. The clinics are so arranged that in the general course one can spend six to eight hours daily in clinical study in the different branches of medicine and surgery; or if he wishes to pursue some special branch of his profession he can spend nearly his whole time in that by the clinics at the school, and by following the professors who are connected with other large hospitals of the city. The demand for such schools is being felt more and more by the profession, shown by the increased patronage of the schools of London, Vienna, and New York, the matriculates at the latter school numbering more than five hundred the past year.

The tired, busy practitioner frequently needs a rest or change from his cares, and with such schools of easy access he can have the pleasure of travel and sight-seeing combined with the advantages of professional study under the instruction of the best men in the profession.

The world, as it becomes more enlightened, demands better and better skill in the treatment of its sick. The practitioner has not the time as in his student days. He wants frequently to associate himself with the best men and the most advanced methods of treatment; he also wishes to economize time to the best advantage.

London, by utilizing its vast resources and concentrating its best clinical teaching to some such central hospital, having a faculty of some of its most noted men, would offer inducements for post graduate teaching superior to any place in the world, Of the medical schools of America it would ill become me to make comparisons; suffice to say the theory is the same as taught here. The larger cities, with hospitals, are utilized for clinical teaching; the professional standard of requirements is being rapidly raised; the men are progressive, and visit all the centres of learning and advanced thought.

But I promised to write only a brief article, and I fear I may tire your readers.

I note that the tide of emigration, wealth and civilization with all its following is setting strongly to the west, and, after a brief visit to the Continent, I, too, expect to return with it to my home.

I shall ever retain pleasant memories, kind feelings to the many brief acquaintances I have made, and best wishes for the many students and for the future prosperity of Guy's. I shall also return with no less love, but with a higher realization of the future greatness and possibilities of my beloved country. Should any of Guy's students or readers of your Journal ever visit America, see its cities and its institutions of learning, its hospitals, its people, the zeal with which they strive to get the best and incorporate it into there national life, I hope that they may return to their native land with as kindly feelings, as favourable impression and high respect as will—Yours fraternally,

M. L. MARR, M.D.

GUY'S HOSPITAL DENTAL DEPARTMENT.

PRACTICE DURING JANUARY, 1893.

Gold Fillings		365
Amalgam ,, ...		200
Osteo ,, ...		
Perm. G.P. ,, ...		78
Temp. G.P. ,, ...		
Artificial Crowns		14
Scalings		9
Dressings		50
Attendances for Mechanical Appliances ...		18
,, Extractions under Anæsthetics ...		321
,, ,, without ,, ...		382
Advice		53
Total		1490

PAVY GYMNASIUM.

The Third Annual Boxing Competition will be held in the Gymnasium on Friday, February 17th, and Monday the 20th. Admission by ticket, One Shilling each, which may be obtained from members of the Committee, at the Bar, or of the Commissionaire.

The Competition is open to all Guy's men who are members of the Pavy Gymnasium only, or of the Clubs' Union.

From those who compete selections will be made to represent Guy's in the First United Hospitals Boxing Competition to be held next month.

Mr. G. A. Skinner has again kindly offered prizes for our annual contest and it is hoped that a big entry will be secured. A squad, composed of our "leading" gymnasts will perform on the horizontal bar, etc., on the "final" night, Monday the 20th.

An old Guy's man has kindly offered prizes for the competitors obtaining the first, second and third places in the Third Annual Gymnastic Competition at Guy's which will be held, as usual, in the Gymnasium at the end of March. Squads will be selected in the ordinary way and the Competition carried out by means of exercises chosen from a list arranged by the Committee. This competition will be open to all Guy's men, members of the Clubs' Union or of the Pavy Gymnasium, irrespective of year. The date and further details will be announced later.

OUR MONEY COLUMN.

Tobacco and Paper Shares now quoted at two shillings and sixpence. Lowest prices for 1892, one shilling and nine-pence. Rapidly rising. Dressers are reported as Bears on this market.

Charities' Coffee much enquired for. Small supply last month. Improved production this month owing to new junior partner in the firm.

Tea and Cake Shares (Messrs. Extern) free to the unemployed.

Tea and Biscuits (Messrs. Clinical) not quoted. For private distribution only.

Midnight Supper Shares. Unsteady. Supply sparing and only to meet current needs. Issued to members only, though homeless, destitute, and hungry not refused.

London, Brighton and Honor Oak Coupons quoted at 4d.

Club Prices "made up" for weekly settlements. Please note.

Smarting Ward Clerks much asked for in some quarters.

Guy's Gazette. High quotations Market rising.

(C. F. W. & Co.)

Sport.

RUGBY FOOTBALL.

INTER-HOSPITAL RUGBY CHALLENGE CUP.

Second Round.

GUY'S *v.* ST. BARTHOLOMEW'S.

This Match was played at Richmond, on the Athletic Ground, on Tuesday last and resulted in an easy victory for Guy's by four goals (one penalty kick), four tries to nil. There was a fairly numerous attendance, probably numbering about six hundred, of the supporters of both Hospitals. Amongst our own we noticed several members of the Staff, namely:—Drs. Shaw, Fawcett, Bryant, and Gill, and Messrs. Brailey, Dunn and Fripp, all of whom took great interest in the proceedings. The ground was in excellent condition and the weather charming. Guy's defended the Pavilion end. Bart's. kicking off at 3.15 precisely, Hancock returned the ball into touch almost opposite half-way flag. Strong scrummaging was the order of the day, and it seemed at once evident that Guy's weight amongst their forwards was insufficient, Bart's. to all appearances forcing them quickly back. There was now a short interval for the referee to "clear" his whistle (not wet it), and the game was commenced with redoubled energy. Jackson relieved his side by dribbling down past the half-way flag, and then from a scrum, the same player, with Hancock and Bell, showed some pretty passing. Guy's, however, were gradually forced back, but Jackson again relieved with a long punt into their twenty-five. Shortly after this Bart's. were awarded a free kick, for Jones picking up out of the scrum, but nothing resulted, Alexander returning into touch. Owing to some muddling play by our backs, Bart's. came through almost to our lines, and forced us to concede a minor. Guy's dropped out the ball, finally landing midway. Even play ensued till Hancock made a fine run down the field, and shortly after Guy's were allowed a free kick; Jackson took the kick, and, although an extremely easy one, no goal resulted. From their twenty-five Bart's at length got the ball into our twenty-five, and we were having none the best of the game at this point, our forwards seemingly being unable to stop the rushes of the heavier set, and Bart's. certainly were wheeling the scrums very well. Cornish, for Bart's., now made a smart run, but his career was cut short by Ensor. Rowlands relieved with a dribble to mid-field, and then Jackson passed to Hancock, who took the ball into their twenty-five, but it was again carried back. Another free kick was awarded Guy's, and, although the kick was taken near the touch-line, Hancock landed a magnificent goal amidst great cheers, thus registering the first point for his side. Bart's. kicked off again, but their men being off-side, a scrum was formed in the centre. Guy's had another "free," and Hancock made a grand attempt at goal, but just failed. Play then, for the most part, took place in Bart's. twenty-five—Dudgeon, by a good dribble and subsequent collar, was instrumental in bringing this about—from a heel out, Jones, after a dodgy run, secured a try, which was not converted by Hancock. From the kick-out Cornish at length received the ball and made a fine run, play settling down in Guy's twenty-five. Our forwards were now getting more together, and holding their own several times. The game was stopped for a few moments to allow a Bart's. forward to renew his garments, and Jackson felt bound to change his boots. Play was resumed in mid-field, but good passing between Bart's. backs changed the venue to Guy's twenty-five, but our forwards were equal to the occasion and forced their opponents back again, Ensor being prominent. A free kick to Guy's relieved the pressure and Edwards got away, a scrimmage taking place almost under Bart's. posts. A pass by Jones went to Hodgkins who kicked up the field, but the ball was returned to half-way. By a good pass from Jackson Hancock secured a try, after a fine run, which Jackson easily converted. On resuming, Guy's territory was invaded, and Cornish kicked into touch, when the whistle blew for half-time, or, as they say down West, "lemon-time," with the score reading:—

Guy's ... ... Two goals one try.

St. Bartholomew's Nil.

During the interval, a gentleman, rejoicing in a Dutch name, appeared with the "needful lemons," and after blowing his nose quitted the ground, to the apparent delight of his friends. Another gentleman was observed with a flask of whisky, who on examination was found to be Sturges-Jones, he evidently thinking that whisky and a cup tie were the better treatments for a sore throat than lying in bed. The game was re-started, Guy's kicking-off, play settling down in our twenty-five. Bart's. forwards were still working well, and Jackson saved grandly. Our forwards, headed by Edwards, took the ball down the field, and from a scrum Jones passed to Bell, who, however, passed forward. At this stage one of the Bart's. half-backs retired, hurt. Re-starting, Stewart, who had very little to do, did a run up the touch line. Bart's picking up in the scrum; Guy's were awarded a free kick, but Hodgkins with a big return made Guy's concede a minor. Our three-quarters were now busy, Jackson, Jones and Hancock passing prettily. The ball was returned to our twenty-five, and Bond made an attempt at dropping a goal, the ball going into Bell's hands, and that player romped up the field and passed to Jackson, but being passed forward, was called back. From a line out, Edwards received, passed to Dudgeon, he transferred to Jackson, and that player gained a good try—this was a very pretty piece of play—Hancock failed to convert. Guy's quickly scored another try, Hancock doing the needful, but Jackson failed to convert. Play settled down mid-field, and from there Jackson ran and scored

a fine try, and again Hancock failed at goal. Very shortly after Bell obtained a try, and Jackson registered a goal. There was no doubt that Bart's. were getting disheartened, and our forwards, headed by Shorland, invaded their territory, and Jackson picking up passed to Hancock who again got in and he kicked a good goal himself. From now to the finish play was chiefly confined to Guy's twenty-five, and thus Guy's qualified for the third round of the competition.

Guy's.—K. B. Alexander (back); H. T. Bell, W. I. Hancock, H. M. Stewart (three-quarters); G. Jackson, M. P. Jones (halves); E. T. Shorland, R. S. Rowlands, H. W. Dudgeon, C. R. Nicholson, C. D.Edwards, D. Rice, C. E. Covernton, V. E. Collins, J. W. Ensor (forwards).

Bart.'s.—H. Bond (back); S. P. Cornish, A. E. Hodgkins, H. V. Lance (three-quarters); T. Martin, G. C. Marrack (halves); G. G. Oakley (capt.), P. W. James, J. W. Stephens, J. C. S. Dunn. P. Andrew, F. Provis, H. M. Cruddas, M. J. Fell, H. A. Martin (forwards).

Touch judges: S. H. Maurice, St. Thomas's Hospital; G. S. S. Marshall, Middlesex Hospital.

Referee: R. Hodgson, R.F.U.

Remarks—Reverting individually to the play, I am convinced that Bart's. were stronger forward, but their backs very weak, especially at half. Our men played a good game all through, the forwards, notably Rowlands, Dudgeon, Ensor, Shorland, and Edwards were conspicuous, but all, however, worked very hard. On our half-backs too much credit cannot be bestowed, Jackson and Jones playing not only a fine game together, but unselfish, and thus enabled Hancock, who certainly had most to do of the three-quarters, to shine out well. Bell did everything that was required of him, but Stewart had very little to do. Alexander, at back, was excellent, and, beyond one mistake he made, may be said to have been perfect. It devolves on our team to train hard and come up in the pink of condition for Thomas's match; if so we have a great chance. There is no doubt that having held the scrimmage, the ball must be heeled out to give our backs every chance in this match; the forwards, however, did this very well in the latter half. I was glad to see Covernton in the field again and playing up well.

S. G. L.

ASSOCIATION FOOTBALL.

GUY'S *v.* LONDON.

INTER-HOSPITAL ASSOCIATION CUP.

First Round.

This match was played at the County Ground, Leyton, on Wednesday, February 1st, before some hundred and fifty spectators, of whom eight were Guy's men. (How enthusiastically our sports are patronised.)

The weather held fine, but a strong cross wind greatly interfered with accurate passing. Our ranks were weakened by the absence of Lavers (goal), and Stamford. Hewetson taking the place of the latter, while Poole played half. Frith was the only absentee from the advertised list, Packer playing in his place.

Turner opened the game for London, who in the initial half played with their faces to the Pavilion; their forwards rushed the ball into our quarters and forced a corner, which, however, proved fruitless. Soon after the kick-off we obtained a corner off their goal-keeper, which was well placed by Crosby, and a London man again sent behind. Crosby placed the second quite as well as the first and we scored first, through the agency of Lawrence, when the game was less than ten minutes old. More even play was then seen, each side attacking in turn, their efforts being ably repulsed by Daniel and Lidderdale. The London goal-keeper was then called upon to handle twice, owing to shots by Lidderdale and Hewetson, which he did successfully. After some good passing among our forwards, London obtained possession and Lowe was called upon to save a long shot. Fitzhugh then went away and put in a very fast shot, which hit the cross-bar and came back into play, he, however, again got it and registered our second goal with a low, clean shot. After some good passing by Daniel, Hibbard got away but shot wide; "hands" and a corner to us proved useless, and after their custodian had repulsed a good shot from Pendred a scrum ensued in their goal mouth, during which their goal-keeper is said to have taken the ball through—no appeal however was made. "Hands" was given against Pendred and then several wild shots were made by our men. London now had rather the best of the game, but we rushed the ball into their quarters only to be stopped by their goal-keeper who was playing excellently. Hewetson now strained his leg, and soon Lowe had to save a very hot shot; their left again got away but centered to Lidderdale who returned to mid-field. They again attacked, and the first half, in which we had held a great advantage, ended with play rather in our half.

Score:—Two goals to nil in our favour.

On re-starting we again assumed the aggressive, Lawrence and Hibbard making good runs; they then attacked but Lowe kicked away; Crosby took the ball up the field but sent behind. London then forced a corner off Pendred, from which Williams scored their first goal from a pass by Welch. Guy's then played up, Crosby and Lidderdale being noticeable; both sides then sent behind, and later a corner to us proved fruitless. After more even play Hibbard got away on the right, and from his centre, Lawrence and Pendred ought to have scored, but the ball went wide. After the kick-out, Hewetson broke away, and scored by a splendid "cross" shot. London now attacked vigorously, and Lowe had to save twice. Fitzhugh broke away, and looked like scoring, but Lawrence, who was obviously offside, took the ball, and gave them a penalty kick. Our opponents

now swarmed round our goal, but after some exciting play, during which they gained a corner, sent behind. Hibbard now got clean away and must have scored, had he not been fouled by one of their backs; the appeal was not allowed. Our backs were now called upon to save repeatedly; Lowe doing excellent work, but London would not be denied, and after a corner and "hands" from Packer, Welch scored their second and last goal. For the remainder of the time London attacked, and after a corner, had hard luck in not scoring, the ball twice hitting the cross-bar. Lowe and Lidderdale were, however, equal to the occasion, and a fast, even game ended in our favour by the narrow margin of three goals to two. London certainly lasted better than we did, and had the best of the latter portion of the game, though we were practically playing only ten men; the loss of Hewetson was made still more apparent by the wind frequently blowing the ball to his side of the field. Of the forwards, among whom there was little combination, Hibbard and Fitzhugh were the best, while Daniel, Lowe, and Lidderdale, played an excellent defensive game. Thus we qualified for the second round, but we must improve marvellously, especially forward, if we hope to reach the final. Teams: Guy's: P. R. Lowe (goal); F. J. Lidderdale, and H. D. Packer (backs); W. Poole, A. M. Daniel, A. L. Crosby (half-backs); C. E. Hibbard, and B. F. Pendred (right wing); R. F. Fitzhugh (centre); G. Lawrence, and H. Hewetson (Capt.), left wing, (forwards). London: H. G. T. Jones (goal); C. C. Webb, and G. Hutcheson (backs); E. T. Lanyon, P. Williams, and S. J. Welch (half-backs); H. F. B. Williams, and D. E. Evans (right wing); T. W. Turner (centre); L. E. Dartnell, and F. Waldron (left wing) forwards.

GUY'S 2nd XV. v. ST. BART'S. 2nd XV.

On Saturday, January 28th, we wended our way past many stations to Kensal Rise, to play Bart's. After a very one-sided game we were left the winners by six tries to nil.

There is very little to say about the play except that it was extremely noisy and unpleasant. Might we remind the team in general, and the forwards in particular, that the halves and the centre three-quarters and the captain are the only members of the team who have any right to speak. If the forwards spoke less they might do a great deal more work. The only other feature of the match was the shameful exhibition of place kicking. Four of the tries obtained were easy shots. Tries were obtained by Spon (3), Lichtenberg, Morgan and Van Someren (one each).

Team:—J. Moore, C. E. Michael, E. E. Lichtenberg, H. J. Spon, P. F. Henry, E. Morgan, E. H. Van Someren, H. A. Moffat, G. N. Mottram, D. Rice, J. Hills, D. R. T. Griffiths, A. M. Rygate, C. T. Anderson, A. T. Falwasser.

CALENDAR OF COMING EVENTS.

Feb. 11.—Meeting of Debating Society. "Ladies' Night."
" 17.—Boxing Competition.
" 18.—Meeting of Physical Society. "Clinical Evening."
" —1st XV. v. London Welsh, at Balham.
" —2nd XV. v. Brockley, at Brockley.
" —1st XI. v. Old Brightonians, at Brockley.
" 20.—Boxing Competition.
" 25.—1st XV. v. Coventry, at Coventry.
" —2nd XV. v. Middlesex Wanderers II., at Richmond.
" —1st XI. v. Surbiton Hill, at Brockley.
" —2nd XI. v. King's College Hospital II., at Wormwood Scrubs.

APPOINTMENTS.

Hayes, T. E. D., M.D. Durh., L.R.C.P. Irel., M.R.C.S., has been appointed Medical Officer for the Second and Fourth Sanitary Districts of the Reigate Union.

Jones, Chas. Sturges, M.R.C.S,, L.S.A., has been appointed Medical Officer for Chichester.

Roberts, C. G., M.B., B.C. Cantab., has been appointed Honorary Consulting Surgeon to the Swansea Hospital.

ACKNOWLEDGMENTS.

The "Corpuscle," the "Hospital," the "St. Thomas' Hospital Gazette," the "St. George's Hospital Gazette," the "Philanthropist." Schofield's "Elementary Physiology," Cassell. Palmberg and Newsholme's "Public Health," Sonnenschein.

Births.

POLAND.—On January 20th, at 4, St. Thomas's Street, London Bridge, S.E., the wife of John Poland, F.R.C.S., of a son.

SPURRELL.—On January 19th, at Church Crookham, Hants., the wife of Wm. D. Spurrell, M.R.C.S., L.R.C.P. Lond., of a son.

Marriage.

CADEL—ANDERSON.—On January 24th, at St. Peter's Church, Tiverton, by the Rev. Canon Eyre, M.A., Nevil Potton Cadel, L.R.C.P., &c., to Gertrude Louisa, widow of the late G. C. Anderson, Esq., and younger daughter of the late Francis Wellesley March Biddulph, Esq., Rathrobbin, King's Co., Ireland.

ALCOCK—MAY.—On the 26th ult., at St. Mary's, Hanwell, W.—by the Rev. Edward Evans, Vicar of Bishopston, Bristol, cousin of the bridegroom, assisted by the Rector—the Rev. James Alcock, M.A, Chaplain of St. Nicholas, Harbledown, to Lilian, elder daughter of Emanuel May, M.D., of Fairholme, Hanwell.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1892 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

FEBRUARY 25, 1893.

CLINICAL LECTURE ON RADICAL CURE OF HERNIA.

BY N. DAVIES-COLLEY.

During the last year I have operated eleven times in this Hospital for the radical cure of hernia. In three of these cases the operation was performed after returning a knuckle of strangulated bowel, and in one of these cases which was of the inguinal form, the patient, a young man of 23, died a few hours later from collapse. The other cases have all ended successfully. Of the eleven cases, six were of inguinal hernia, three of femoral, and two of the umbilical or ventral form.

Before describing to you the methods I have adopted, I will enumerate the conditions which appear to me to justify or imperatively call for the operation of radical cure.

I do not go so far as some surgeons, who appear to advocate operation in nearly every case, whether the hernia is capable of being kept up securely by a truss or not. In many cases of inguinal hernia in boys and young men, the affection may be completely cured by wearing a truss for a year or two. Umbilical hernia also in young children is so easily curable, that I cannot call to mind a single case in which I have seen this affection in the young adult.

I would operate for the radical cure of hernia (1) when, after careful trial, trusses cannot be worn on account of the pain they produce; (2) when trusses will not keep it up; (3) in most cases of irreducible hernia; (4) when the patient wishes to enter naval or military service, or to live far away from medical help, *e.g.*, roughing it in a colony; (5) unless there be some special contra-indication, immediately after the reduction of a strangulated hernia by operation. On the other hand, I would not operate in a very old or feeble patient, or if the hernia were so large as to make the operation very dangerous and probably ineffectual. The best age for operation is from ten to thirty. Your patient will be able at that age to dispense with the use of a truss after the operation. In later life it is frequently necessary to wear the truss even after a successful operation. You will find many obsolete methods of operation described in your books. Of this class are all the subcutaneous methods, such as those of Wützer and Wood. I have also never seen any one attempt to carry out the plan of injecting a decoction of oak bark in the vicinity of the sac.

In this country, at any rate, one of the many forms of operation by the open method is almost invariably chosen. The objects of this plan of procedure may be arranged under four heads:—

1. *The neck of the sac has to be divided and stitched together, with or without removal of the rest of the sac.* Thus, in femoral and umbilical hernia the sac may be easily removed; whereas in many cases of inguinal hernia, notably the congenital form, a part, at any rate, of the sac must be left.

2. *The neck of the sac may be left in situ, or displaced in various ways.* Thus, it may be drawn up to some distance (Bassini's or Barker's method), or invaginated (Bennett's), or twisted (Banks') or folded (MacEwen's). If this be not done, a funnel-shaped process is left in some herniæ, especially those of the

inguinal kind; and this is apt to serve as the starting point for a fresh rupture.

3. *The fibrous walls of the opening may be drawn together.*

4. *The omentum may be simply reduced or cut away; or it may be so stitched to the inner wall of the parietes as to add considerably to the strength of the barrier by which a fresh protrusion is prevented.* It is dangerous to leave a piece of omentum in the ring, as it keeps the way open for a fresh descent of bowel. If you wished to keep a door shut against a crowd, you would not put a policeman half in and half out of it. You would shut the door tight, and keep your guard on one side or the other.

In carrying out these four objects, you must be most careful to operate aseptically. I am inclined to think that silk, when carefully boiled and then placed in carbolic lotion, is the best material for your sutures. The thick catgut sutures are liable to decompose and set up septic trouble. On the other hand, I have, during the last year, been two or three times annoyed by small points of suppuration occurring some time after the healing of the wound, with the result that I have had to cut down upon and remove the embedded silk sutures.

The methods I am about to describe are practically the same as those suggested by Mr. Bennett, of St. George's Hospital, in an interesting paper in the *Lancet* of September, 1891.

The *ventral* or *umbilical* form of hernia is the simplest to operate on. It consists of a sac of peritoneum (A A) coming through a fibrous ring (B B). All that is necessary is to empty the sac, ligaturing and removing, if need be, the omental contents. The sac should then be

Fig. 1.

cut off, and the edges of the fibrous ring (B B) brought together with sutures. The opening may be still further closed by attaching the stump of the omentum around the internal aspect of its margin. For this purpose a silk ligature (E, fig. 2) should be introduced through the fibrous structures from before backwards; then passed through the stump of the omentum (C) and detached from the needle. The unthreaded needle should again be passed through the fibrous structures from before backwards, about

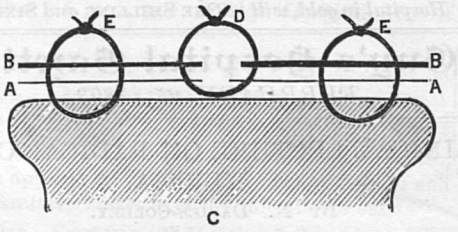


Fig. 2.

a quarter of an inch away from the previous perforation. When inside the abdomen the end of the silk, which has been passed through the omental stump, is threaded on to the eye of the needle, and drawn out. The two free ends of the silk are now tightened and tied together, so as to firmly fix the stump of the omentum to the inner wall of the abdomen. If this plan be repeated in two or three places around the fibrous ring before its edges are brought together, a barrier will be formed which adds greatly to the resisting power of this closed aperture. The last step is to bring together the margins of the skin incision.

In *femoral* hernia the sac (A) should be separated from the surrounding structures, and after an opening has been made in its neck, the left index finger should be passed up into the femoral ring, and a needle in a handle threaded with silk (C C) should be thrust through the external oblique aponeurosis just above Poupart's ligament on to the tip of the finger, care being taken not to go through any artery or other important structure. The needle is thus conducted by the finger along the neck

of the sac, and after it has traversed the interior of the neck of the sac till it has passed out of the femoral ring, it is made to emerge through one side of the neck of the sac and then it is

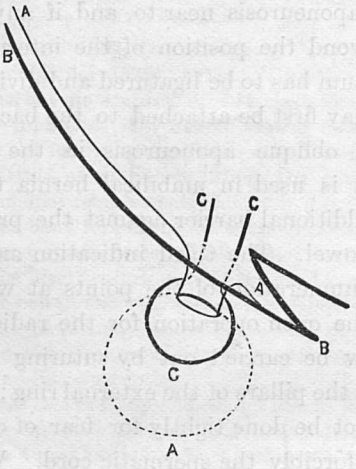


FIG. 3.

unthreaded. The needle is again thrust through an adjacent point of the external oblique aponeurosis, conducted by the finger in a similar manner through the interior of the neck of the sac and brought out through the opposite side of that structure. It is now threaded with the free end of the silk, and on withdrawing the needle this free end emerges through the external oblique aponeurosis, leaving a loop (ccc) attached to the neck of the hernial sac. The next step is to sew the neck of the sac with a suture of fine catgut, and to remove all the rest of the sac. With one hand the two ends of the silk outside the external oblique aponeurosis are gently pulled upwards, while the index finger of the other hand pushes the neck of the sac into the abdomen through the femoral ring. The two ends of the silk thread are then tied together, and they now firmly secure the invaginated neck of the sac in contact with the back of the anterior abdominal wall.

If omentum has had to be removed, the stump may first be attached to an adjacent portion of the abdominal wall, in a similar way to that described in the treatment of the omentum in ventral hernia. But little can be done in femoral hernia by drawing the fibrous margins of the ring together. Mr. Watson Cheyne, however, has described an ingenious method of effecting this object by turning up a small flap taken from the pubic portion of the fascia lata and the subjacent pectineus muscle, and then attaching the edge of the flap to the inner end of Poupart's ligament. The last step of the operation for the radical cure of femoral hernia is the suturing of the margins of the skin incision.

Inguinal hernia is the form which most frequently requires to be operated upon; at the same time it presents more difficulties than the other forms. An oblique incision should be made parallel to Poupart's ligament (B B), and exposing thoroughly the boundaries of the external abdominal ring. Next the neck of the sac has to be found and if possible isolated. In the case of a small acquired hernia, it is not difficult to separate from its surroundings the whole of the sac. But when the hernia is large or of the congenital form, it is often very intimately blended with the structures which form the spermatic cord. The difficulty of isolating the neck may also be much increased by the fact that the hernia is not down. In one case I was operating on a young man and could not find the sac or its neck, although I searched most carefully in the loose fascia and connective tissue which filled the canal. Finally I had to content myself with stitching together the pillars of the external abdominal ring. Soon afterwards, while he was riding an unruly horse, the patient's rupture came down again. He was afterwards operated upon a second time by an Australian surgeon, who wrote to tell me that the hernia had not passed down through the external abdominal ring, but through a hole in the aponeurosis which had been made by one of my sutures.

Usually I think it better to open the neck of the sac before dividing it. There is less danger

of wounding some of the important structures contained in the spermatic cord. This part of the operation requires very great care. The flaccid fasciæ are apt to lie in folds, which may closely resemble the cord-like feel of the vas deferens. Some years ago, during an operation upon a young man, I divided this structure, thinking I had to do with the edges of one of these folds. After finishing the operation, I carefully passed in a fine catgut suture to join the vas together again. More than a year later the patient came to see me, and I found that the testis of that side was in every respect normal, and that no trace remained of the injury to the vas deferens. The hernia was also quite cured. After opening up the neck of the sac and isolating it, the index finger should be passed well

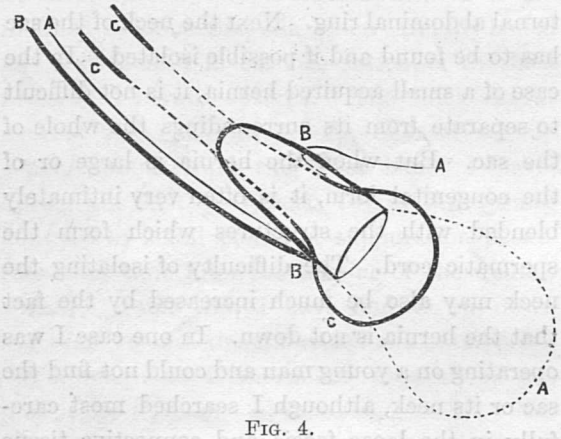


FIG. 4.

up into it and beyond the internal abdominal ring. Then by means of the needle in a handle

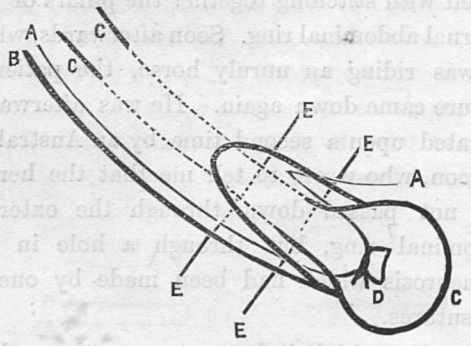


FIG. 5.

a loop of silk (c c c) should be introduced in a similar way to that described in the case of femoral hernia, so as to draw up the neck of the sac after it has been divided and sewn up, and to secure it to the back of the external oblique aponeurosis near to, and if anything a little beyond the position of the internal ring. If omentum has to be ligatured and divided, the stump may first be attached to the back of the external oblique aponeurosis in the way in which it is used in umbilical hernia to serve as an additional barrier against the protrusion of the bowel. The third indication mentioned in my enumeration of the points at which we aim in the open operation for the radical cure, may now be carried out by suturing together with silk the pillars of the external ring; but this should not be done tightly for fear of compressing too forcibly the spermatic cord. With the inner pillar of the ring some portion of the conjoined tendon may also be included. Finally the

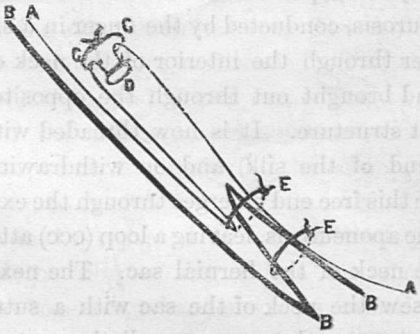


FIG. 6.

edges of the skin incision should be carefully brought together by silk or gut sutures.

I ought to have mentioned that unless the sac is small, it is often better only to divide the neck of it without attempting to remove the whole structure. In congenital hernia, of course it is necessary to leave the lower part of the sac to form a tunica vaginalis to the testicle. In some of my earlier cases I carefully stitched together the lower part of the divided neck to close in the cavity of the tunica vaginalis from above, but latterly I have omitted to do so, and so far as I can see, the results have been quite as good.

NOTES FROM DR. SHAW'S DEMONSTRATIONS IN PATHOLOGY.

The Intestine.

A. *Congenital peculiarities.*

Diverticula ilei (3769, 3771). Usually have no symptoms, but the connection of Meckel's diverticulum with the umbilicus may not be broken down (3770), and then the following conditions may obtain.

1. Fistula at umbilicus (3768), the canal of the vitelline duct remains patent.

2. The band formed by an adherent diverticulum may cause strangulation (1819, 1835).

3. The diverticulum may be inverted and project into the bowel, and may resemble a polypus (3893).

4. The bowel may squeeze the end of such an inverted diverticulum and try to pass it on, so giving rise to an intussusception.

Sacculi of the colon (3775). These are due to distension and occur in rows between the longitudinal bands presenting a peculiar appearance; they are usually of no clinical importance. In their cavities you often find fæcal concretions. 3776 shews one of these sacculi which has ulcerated and perforated into the peritoneal cavity, causing fatal peritonitis.

Congenital occlusion (3777, 3778, 3779). The deformities are similar to those in the duodenum q.v. Some have supposed that these deformities are developed from intrauterine injuries, a theory which is more easily advanced than proved.

Injuries. Wounds from without. 3780 and 3782 were caused by stabs. 3794 was taken from a man who was shot while returning on his hands and knees from the trenches before Sebastopol.

The bowel used to be injured in the now obsolete method of puncturing the bladder per rectum (3782).

Perforation by an enema tube (3783).

Examples of rupture of the intestine are afforded by

3786, the result of a blow.

3796, caused by severe muscular straining.

3793, of colon from distension, caused by the obstruction of a growth in the rectum.

The intestinal wall is not always torn right through. 3792 shews the mucous coat still intact, the serous and muscular coats only being lacerated.

3796 is from a case of intussusception which was treated with water injections; there is a laceration of the serous coat. The case had previously been reduced by air insufflation but had relapsed.

The intestine may be severely bruised without laceration occurring, by a severe blow to the abdomen; in such cases inflammatory action occurs as in 3795, where there is a membrane on the colon.

Prolapse after colotomy (3798). This is very troublesome when it occurs, but concerns the surgeon chiefly.

Non-specific Enteritis.

The specimens under the heading may be looked at from two standpoints: (1) those which illustrate the pathological appearances and (2) those which illustrate the causes of the inflammation.

1. Specimens illustrating the pathological conditions may shew early and indeterminate stages of inflammation, or later definite and unmistakeable signs. Amongst the early ones are—

a. Redness—a condition difficult to shew in bottles. 3817 is, perhaps, the least unsatisfactory of many that have been mounted to shew it. This is by no means a sure sign of inflammation, if it occurs in patches it may be due simply to hypostatic congestion or to a localized process of depletion of the vessels in places by gaseous pressure and consequent congestion of other parts, a post-mortem condition therefore. As in the stomach there may be general redness from congestion in such diseases as cirrhosis of the liver, etc.

b. Excess of mucus cannot be shewn in pickles. It undoubtedly occurs in inflammation of the bowel as elsewhere in inflammation of the mucous surfaces. In some forms of severe diarrhœa the stools are almost pure mucus.

c. Enlarged solitary and agminated glands. These may certainly be enlarged in enteritis (*e.g.*, in enteric fever), but they are also enlarged in many other conditions, such as diabetes (3799), cholera (3800), and aortic disease (3801).

The later and definite signs of inflammation are—

a. Thickening (3802).

b. Rugosity from thickening of the valvulæ conniventes (3802).

c. Deposits of lymph upon the surface (3802).

d. Membranous exudation. This is merely a development of (*c*). It is sometimes called diphtheritic, but there need be nothing diphtheritic in the modern sense about it. 3803, from poisoning. 3822, from a case of pyæmia.

e. Gangrene, 3823. This indicates not any particular variety of inflammation, but that the process has been very acute.

f. Ulceration. This is also an evidence of an acute local process (3805, 3839).

g. Stricture shews past inflammatory ulceration which has healed (2809, 3844).

2. Specimens illustrating the causes of enteritis—

a. Catarrhal enteritis. A patient may have fatal diarrhœa which clinically is thought to be due to enteritis; at the post-mortem nothing but an excess of mucus may be found.

b. Unexplained (3809), possibly the ulcers are due to a tubercular process in which the bacilli and tubercules at the time of death were scanty or quite absent; or are they due to syphilis?—the lesions of which, though so common in the rectum are rare in the rest of the intestines; or some cases are perhaps due

to typhoid which was not recognised clinically. Such cases of unexplained ulceration do occur from time to time.

c. Poisons and Irritants (3819) from a case of sulphuric acid poisoning, 3820 is from a woman who suffered from constipation, and who after bullying her intestines with all manner of violent purges took duckshot, whereupon acute enteritis set in.

d. Bright's Disease. This is well known to be a cause of enteritis; sometimes the ulceration is attributed to Pulvis Jalapæ Co, but seeing how frequent the ulceration occurs without the jalap, and how often it is given without causing ulceration, the imputation is probably incorrect. In 3804 the small intestine is affected, and in 3811 both large and small.

e. Lardaceous Disease (3806) is not of itself of an inflammatory character, and for a long time may exist without producing symptoms. Eventually enteritis is often superadded and violent diarrhœa sets in.

f. Pneumonia (3816). The intestines used to be thought to inflame "sympathetically," we now prefer to say that it is due to the swallowing of sputum containing cocci.

g. Distension ulcers come on in most cases of old-standing hernia or other forms of intestinal obstruction (3846).

Ulcerative Colitis holds an intermediate position between the non-specific enteritis and the specific inflammations. It may be found quite unexpectedly at a post mortem, or it may cause what is known as English dysentery, and it is the chief anatomical lesion of the specific fever dysentery, in which a definite micro-organism will probably be discovered.

Its anatomical varieties are three in number.

1. Follicular Colitis (3826) is sometimes regarded as an early stage of a more severe variety, and sometimes as a condition *per se*. Its appearance is characteristic, viz.: little round punched out ulcers. Their presence has often been unsuspected during life. Usually they are associated with more extensive ulceration.

2. Diffuse Ulceration (3828), consists of large areas of ulceration, exposing the sub-mucous and even muscular layers, dotted here and there with islands of undestroyed mucous membrane. (N.B.—These must not be mistaken for the ulcers.)

3839 shews the process of undermining of the mucous membrane, by which the ulceration largely spreads.

3. Colitis Polyposa. A condition of pathological interest only, yet so characteristic as to deserve a name. It is due to wide-spread ulceration, which leaves little shreds and tags of mucous membrane undestroyed. When healing takes place these tags thicken and hypertrophy, producing the appearance seen in 3837.

If it occurs in England, and especially in young women, it may be impossible to assign a cause; but it is sometimes found associated with cases of:—

Anal ulceration (3838), very common.

Pyæmia (3832).

Paraplegia (a tropho-neurosis) 3840.

Specimens 3826 and 3841 illustrate the ulcers produced by true dysentery. The commonest complication is *hepatic abscess* (3833). It is not necessary for the specific virus of true dysentery to be present to produce this result. The veins around the ulcers become thrombosed, as around all inflamed parts, the thrombi are infected from the bowel, and bits of septic clot are broken off and carried by the portal system to the liver.

Perforation and consequent suppurative peritonitis is shown in 3832.

Specific inflammation of the intestine.

A. *Tubercle.* Presents three anatomical lesions which are present in most specimens.

1. *Nodules* (3848, 3849) (chronic granulomata), they do not undergo caseation, and apart from the presence of the bacillus might not be called tuberculous.

2. *Ulcers.* Characters:—

a. Situation transverse (very misleading).

b. Edges raised.

c. Base thickened and studded with small nodules and caseating points.

The peritoneal surface is always studded more or less thickly with tubercles which often are seen to be arranged along the lymphatics.

They may occur anywhere along the intestinal tract, but the commonest seat is near the ileo-cæcal valve; they are seen in the

Jejunum (3850) Ileum (3852, 3854)
Cæcum (3855) Colon (3858).

Perforation is seen in 3859 and 3862. The Museum contains many specimens, but this is really an index of its rarity. The process tends to fix the bases of the ulcers to the parietes or to other coils or viscera, and so to prevent perforation.

3. *Contraction after cicatrisation* (3863, 3865, 3866). Fibrous tissue may replace the tubercles here as in the lungs and elsewhere. Healed tubercular ulcers of the intestine are therefore an important cause of intestinal obstruction; usually the strictures are multiple because the ulcers are multiple; and *vice versa*: multiple strictures of the intestine are usually, but not always, tuberculous in origin.

In tuberculosis of the intestine the mesenteric glands are usually caseous.

B. *Typhoid Fever.*

The part affected is most commonly the lower part of the ileum and the cæcum (3881), much less commonly the colon (3875), or the ileum higher up.

First of all the agminated glands swell (3867), as may be seen in a case dying on the fourth day of a fever. The swollen glands then slough (3871, 3873), the follicular layer coming off *en masse*; the presence of such sloughs, indeed, is the only pathognomonic feature of the typhoid stools; the colour, &c., cannot be relied on. The sloughing process is generally different from that of tubercular ulceration, in that in the latter it is more gradual and piecemeal. The ulcers that are left (3874) after the sloughs have come away, differ from tubercular ulcers (1) in their direction, the latter being chronic tend to run round the bowel transversely; typhoid ulcers are in the sites of Peyer's patches; but no safe criterion can be based on this difference; (2) in that the edges of typhoid ulcers are more often undermined; and (3) on the serous surface corresponding to tubercular ulcer, tubercles will be possible. This is the only certain distinction. In 3882 the marks of the ravages of three relapses are seen in their three stages. The neighbouring lymphatic glands are acutely swollen, but show no signs either of suppuration or caseation (3873). The important complication, perforation (3876, 3877, 3881, calcum), can be distinguished from accidental post-mortem rupture in handling, by the signs of inflammation, lymph, &c., on the serous coat round the opening, if it was made before death.

After recovery from typhoid fever, healed ulcers are found sometimes (3885, 3886), but not often; and they practically never lead to intestinal stricture and obstruction.

C. *Anthrax* (3887, 3888).

In this disease there is an acute inflammatory process producing phlegmonous swellings, as in the stomach, which have a tendency to go on to separation and sloughing rather than to suppuration.

Hypertrophy and Dilatation.

As elsewhere, the more chronic the obstruction the more marked will be the hypertrophy, and hence the value of exaggerated peristaltic movements as a means of diagnosing chronic obstruction.

A case of remarkable dilatation and hypertrophy was caused by the constipation due to ulceration about the anus in a young woman (3889). Another case (3890) is that of an infant, who suffered from constipation. In acute peritonitis a paralytic distension is produced.

Thrombosis of Mesenteric Veins.

Sometimes post-mortem a small length of intestine is found to be congested and thickened in a way suggesting strangulation but the veins are thrombosed, not from any local cause, but probably from some constitutional pyæmic condition; and this will, of course, produce the same result as strangulation (3943, 3944, 3945).

Similarly acute intestinal obstruction may be simulated in the course of malignant endocarditis by an intestinal infarct.

FIFTY YEARS AGO.

By SAMUEL WILKS.

It is universally admitted that during no half-century in the World's history has such a wonderful advance in all that relates to the arts and sciences been manifested as in the present Victorian age. It would be remarkable if the profession of medicine had not kept pace with the general progress. That it has done so can be safely asserted, though this may not be apparent to the public eye. It could not, indeed, be otherwise, considering how many branches of science are involved in our attempts to get an insight into the animal economy. Chemistry, histology, and other departments have all lent their aid to clinical research. Apart from such general reasons, facts which support the statement can be personally adduced.

It is now more than fifty years since I entered Guy's as a student, and the change in everything relating to the Hospital and to treatment is marvellous; and I am glad to say that the change has nearly always been towards improvement. I have no feeling in common with a late colleague who was notoriously a "laudator temporis acti," and was always lamenting that the scientific learning of the present day was taking the place of the practical surgical and medical knowledge of his time. This assertion was neither true nor rational, and can easily be disposed of by simple facts. When I first knew Guy's, its outward appearance differed in many respects from that of the present. The two quadrangles, of course, stood as now, although many portions of them were used for different purposes; but the aspect from the end of the colonnade has altogether altered. On the left, where we now see the new Hospital and the beautiful college behind it, there stood two or three little houses; then came the eye infirmary, contiguous to a row of small tenements, the remnant of an ancient street. On the right was the lunatic asylum, and on the ground now turned into a park stood the two old hop warehouses, used as wards, and the museum, which was smaller than now. There was no school department as it at present exists, every lecturer being supposed to look after his own class; the only persons who directed the student were Mr. Stocker, who received him in the apothecaries' shop; then the janitor, Mr. Goldstone, a former coachman of the treasurer, a most worthy man, who always had a kind word for the younger students; and, finally, Mr. Monson Hills, the governor, who was a real father to the men. Mr. Browell, the steward, stood too high upon his dignity to be on intimate terms with the students, but attired in a blue coat with brass buttons, occupied most of his time in walking up and down the colonnade, for, being an old naval officer, he regarded it as the quarter-deck from whence he could keep his eye on all that was going on around. The treasurer, Mr. Benjamin Harrison, was too great a potentate to be approached. He did not reside in the hospital, but came in his carriage every morning from Clapham Common. Mr. Cozens, the master of the works, was always waiting

to receive him hat in hand and this ceremony over, accompanied him round the building to take his orders for painting and repairing. Mr. Harrison was dressed in black, with white cravat and long coat and gaiters, so that his air was decidedly clerical; his walk was slow and stately, as became a king, and as he passed along the colonnade all stepped aside, with hats off, to allow his majesty to pass. Occasionally he would go into the wards when this obsequiousness was surpassed by the female officials. One sister, whose name I forget, and whose ward cognomen I do not care to tell, bowed so low to the ground, and with such an elegant turn of her skirts, that she would have adorned any Court. All this homage was natural and really deserved, for Harrison's genius had created our school, and placed Guy's Hospital amongst the most prominent institutions of the country. Being absolutely despotic, all the appointments were in his hands, and therefore all the officials and servants were wholly indebted to him for their positions.

Much, however, as Mr. Harrison had done for the improvement of the wards, yet there remained more to accomplish; nothing is more striking than the comparative squalor of the wards at the time I speak of, when judged by the present standard. There were then no comfortable seats, no pictures, decorations, or flowers to impart cheerfulness to the sick rooms, and when Christmas festivities were introduced, it struck Mr. Stocker with awe. He said it was enough to bring the old Treasurer from his grave. All these modern improvements, however, have added much to hospital expenses. At the time I speak of, the standard dishes were boiled mutton and rice pudding, with occasional roast—beef-tea, broth and milk for those severely ill. Chicken, fish and eggs were rarely seen; tea was bought by the patients themselves, as well as other luxuries such as watercresses and periwinkles.

Probably many of the greatest changes in the general working of the Hospital, as well as those relating to the teaching of the students, have been due to the great advance in surgery from the use of anæsthetics and antiseptic dressings. First of all, the wards are now not only pleasant to look upon but are sweet to the smell. In my time, there were no separate medical and surgical wards, but the patients were all mixed together; every member of the Staff having two or three cases in each ward. It was not a very pleasant thing for the physician, with his few attentive men around him examining a chest case, to be suddenly jostled by the larger class of students who accompanied the surgeon crowding around the next bed. At that time, too, nearly all the local applications consisted of linseed poultices made with tow, and consequently the wards had a faint, sickly smell. According to Wendell Holmes, the sense of smell is more strongly associated with old memories than any other. This explains the fact that when my recollection carries me back to my first entrance into the wards of Guy's, there is revived in my consciousness an odour composed of mutton broth and sour poultices. Our medical wards are now sweet and the surgical wards, if not redolent of thymol, emit no worse vapour than those of carbolic acid.

Sanitary matters were almost wholly unheeded; lavatories and other offices were then within the wards, and in the Hospital grounds might be seen the refuse of these rooms. At that time a deer disported itself on some patches of grass in the Hospital grounds and when, after some years it died and a post-mortem revealed the presence of cirrhosis of the liver, our pathologist, Mr. Wilkinson King who, not admitting that this disease had any other origin than alcohol, accounted for the poor animal's death by its feeding on fermenting poultices.

The present increased number of operations, a large number of which are done for conservative purposes, and, therefore, take place very frequently in the wards, has very much changed the attitude of the students towards surgery. Formerly operations were comparatively few, and were seldom performed except in cases where the question was one of life or death. To witness these operations was considered to be a very important part of the student's education. The lecturers and their classes gave way to the business of the operating day, when a number of general practitioners from the neighbourhood might be seen sitting in the operating theatre. The skill of the surgeon was shewn by the quickness with which he could perform a difficult operation, so that students stood with watches in hand counting the minutes and seconds in which it was completed. In such a case as lithotomy, if the surgeon could at once reach the bladder with his knife (gorgets were going out) and then on inserting the forceps could immediately extract the stone, the students would clap their hands and shuffle their feet. The men of rival hospitals would dispute angrily as to the time their respective masters took in performing certain operations. So important did it seem that students should witness all surgical performances that I well remember Mr. Bransby Cooper being interrupted in his anatomical lecture by the announcement that a man had been brought in with a dislocation of the hip. He broke up the class, ordered the patient to the operating room, and the pulleys to be prepared, whilst he and his class adjourned to the theatre.

Mr. B. Cooper always talked as if he had some vested rights in cases of dislocation of the hip and use of pulleys, as his uncle had written a treatise on the subject; and although he lived long enough to see the apparatus discarded for more simple methods, he never seemed quite satisfied about giving up the ancient treatment. The supposed importance of witnessing operations was the principal reason of the union of the Borough hospitals for so long a time. It also obliged the students to live in the immediate vicinity of the Hospital, either in St. Thomas's Street or Maze Pond, so as to be called by the porter at any moment, or, as tradition has it (no doubt with its usual falsity), that they might be within ear-call of the bell, which was rung at the top of the Hospital, to summon them to a forthcoming operation. As before said, it was usual for visitors to assemble

in the theatre, but after the Bransby Cooper litigation the authorities refused to admit representatives of the public press, and I was informed by an old clergyman that on his expressing a desire to see the hospital he was told that only medical men were admitted, and that in order to test his qualifications the porter would ask before admitting him the situation of Poupart's ligament.

While all these outward improvements in the wards were being carried out, I am happy to say the manners and customs of the staff and their classes altered for the better also. I would not for a moment wish to derogate from the merits of my old masters, and therefore I will say no more than this, that the present generation can scarcely conceive of a surgeon using a very bad oath to induce a refractory patient to be quiet whilst he used an instrument, any more than the student can believe in filthy stories being told in the lecture-room.

As regards the eminent surgeons of the past there is every reason to suppose that they shone by contrast with their inferiors; and as regards Sir Astley Cooper himself, I could never learn from Mr. Monson Hills that he displayed more skill or had greater operating powers than members of our modern staff. His superiority was a purely comparative one, and depended on the fact that he could perform lithotomy without opening the bowel, do a tracheotomy without cutting the lung, and could put a ligature around the subclavian without tying the clavicle.

As regards the teaching, the change in the curriculum is enormous. In my time there were no class-rooms, no microscopes; histology did not exist, and physiology was poor. There was no special lecturer on the latter subject, it being included in the anatomical course, so that when, for example, the liver had been described, it was further stated that its office was to secrete bile. Kiernan had just then published his observations on the anatomy of this organ, and therefore our professor had some diagrams made after his illustrations, and attempted to explain the structure of the hepatic tissue. I am sorry to report that he got into such inextricable confusion with it that, after floundering about in the midst of interlobular and intralobular veins, he gave up the task. A distinct course of physiology was soon after established.

The present student may congratulate himself that his lot is cast in better days. He may have to work harder than his predecessors, but the preliminary subjects are put before him in a much more interesting and scientific manner, and his medical and surgical work is much more systematized, so that he has no fear of being behind his fathers in real practical knowledge.

What the present student will write fifty years hence of his half-century's experience the wildest imagination cannot conceive. All microbes may have been put to the sword; organs may be taken out, washed and renewed; continued transplantation of active glands like the thyroid keep the brain in continued activity, or injection of Brown-Sequard's Fluid preserve perpetual youth. We may perhaps discover what there is in our baneful environments which prevent us living the thousand years of the patriarchs, or perhaps a great discovery is close at hand; our concentrated beef and meat essences being injected into the blood will take the place of bulky food, so that our intestinal tract will be reduced to a minimum, and then, bellyless, we shall develope into that higher angelic creature which we see so often portrayed—all head and wings.

RECENT PUBLICATIONS.

Bastian, H. C. Various Forms of Hysterical or Functional Paralysis. 8vo. H. R. Lewis, 8/6.

Braithwaite, J. The Retrospect of Medicine. Vol. 106. Crown 8vo. Simkin, 6/6.

Cross, W. H. Notes on the Malarial Fevers met with on the River Niger (West Africa). Crown 8vo. Simpkin, 5/.

Field, G. P. A Manual of Diseases of the Ear. 4th Edition. Illustrated. 8vo. Bailliere, 12/6.

Forsbrook, W. H. R. A Dissertation on Osteo-Arthritis. 8vo. Lewis, 5/-.

Gowers, W. R. Syphilis and the Nervous System: a revised reprint of the Lettsomian Lectures, 1890. Crown 8vo. Churchill, 4/-.

Griffiths, A. B. A Manual of Bacteriology. Crown 8vo. Heniemann, 7/6.

Medical Directory for 1893. 8vo. Churchill, 14/-.

Gwain's Anatomy by E. A. Schafer and G. W. Thane, 3 vols. Vol. 3. Part I. The Spinal Cord and Brain. 10th Edition. Royal 8vo. Longmans, 12/6.

Pye-Smith, P. H. An Introduction to the Study of Diseases of the Skin. Crown 8vo. Churchill, 7/6.

Tebb, W. The Recrudescence of Leprosy and its Causation. Crown 8vo. Sonnenschein, 7/6.

Wills, G. S. V. A Manual of Elementary Materia Medica. Crown 8vo. Simpkin, 5/-.

Year-Book of Treatment for 1893. Crown 8vo. Cassell, 7/6.

Ross, J., and Bury, J. S. On Peripheral Neuritis. Royal 8vo. Griffin, £1 1s.

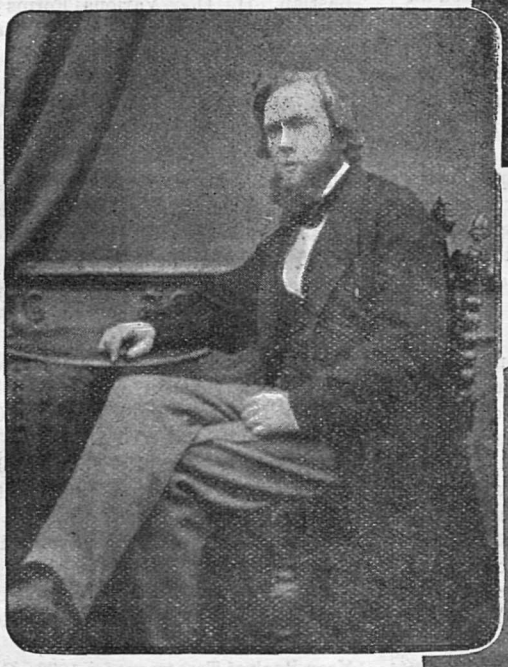
Turner, W. Practical Medical Electricity. 8vo. Bailliere, 7/6.

A CORRESPONDENT tells us that a new disease has turned up in his practice, a patient coming to consult him for haricot veins. There is another authentic story concerning veins which comes from the last Final Conjoint Examination. *Examiner:* "How do you account for the large veins in patient's legs?" *Candidate:* "Well, he probably stands a great deal." *Examiner:* "Yes, I should think so; *and gets a great deal stood him!*" (N.B.—Patient was a publican.)

OUR SENIOR CONSULTANT.

DR. SAMUEL WILKS, LL.D., F.R.S.

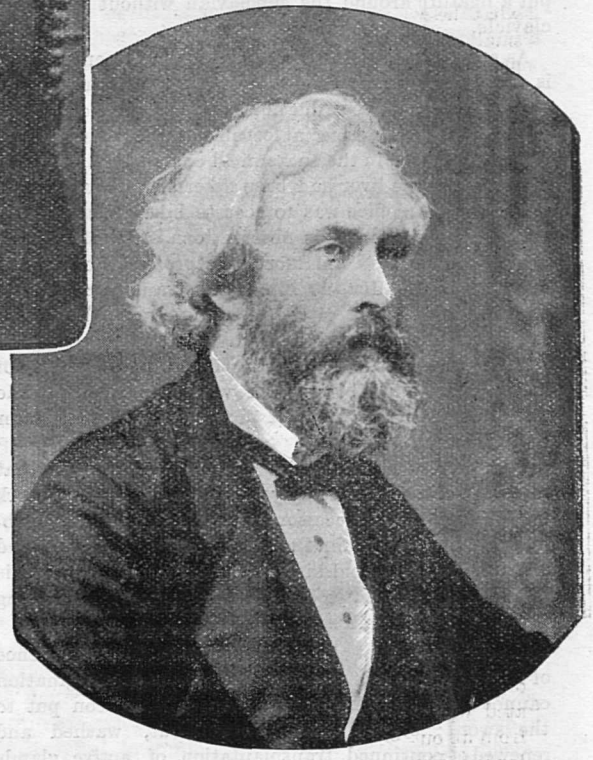
We are certain that the portraits of Dr. Samuel Wilks, which we publish to-day, will be greatly welcomed by our readers. Dr. Wilks' personality is familiar to each and all of us. To those who are still students, he is, perhaps, best known, not as a teacher, but as the kindly mentor whose voice first pointed out the right path at the outset of their career at Guy's. There are few of us who have not benefited in some measure from the wise words with which Dr. Wilks has been accustomed, for some years past, to welcome new comers at the opening meeting of the Physical Society. While urging on us the things that should be done, and warning us against those which should be left undone, he is never wholly didactic on these occasions. He touches the lighter vein, and lets the tyro feel that his chosen profession has its pleasures, as well as its responsibilities—his prescriptions always contain "Syrupus q.s." He is not, as he tells us in the interesting article which he allows us to publish to-day, a *laudator temporis acti*. But he is, to some extent, a critic of the student of the present; his views on smoking and slippers in the Colonnade, for instance, are well known. We remember one occasion when a cigarette burnt a hole in the editorial pocket because of Dr. Wilks' sudden appearance on his way to the post-mortem room; and at least one House-Surgeon has been known to hide his *deshabille* behind a pillar for the same reason. We hope, nevertheless, it will be long ere our critic ceases to visit us. We know very well that he does not think, as a matter of fact, that the student of to-day compares badly in manners and morals with those of fifty years ago.



From a Photo by] AGE 32. *[Maull & Polyblank.*

At the last biennial dinner Dr. Wilks spoke in a somewhat regretful tone, and declared that he was becoming a stranger at Guy's. He related how, on one occasion recently, he was told to go out of a ward because "it was not yet visitors' time." Such exceptional ignorance must have given him a very wrong impression. We can

Photo from a] AGE 6½. *[Miniature by P. Hacquoil.*



From a Photo by] AGE 48. *[Thrupp.*

assure him that, with the students at any rate, he is almost as well known, and fully as much honoured, as when he was wont to conduct a great crowd of them round his wards.

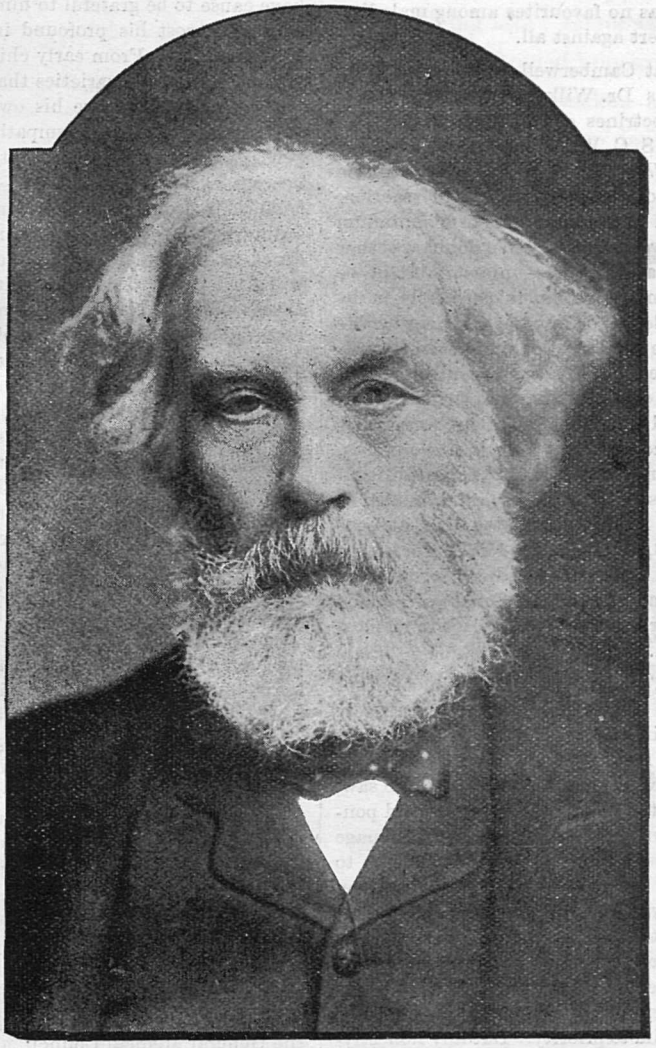
The extraordinary hero of Ibsen's latest drama lived in fear of the "Rising Generation, that might knock at the door at any time" and oust him from his position. If there be any who can welcome the Rising Generation without fear or trembling, it is certainly our great masters of the art of medicine. True, all they leave behind them in the way of added knowledge is absorbed by the newcomers quite as a matter of course, with as little gratitude as is displayed for the progress of the suns.

But, as Dr. Goodhart said at his Clinical the other day, what he writes is so small a part of the physician. It is his personality that marks him, and this, so it be great enough, is never swamped by the flood of the rising generation. Dr. Wilks, at least, need never fear the tide.

For completeness sake we add to our other portraits a reproduction of one of the illustrations that appeared in *Vanity Fair*, our thanks also being due to the proprietors for their kind permission to use it.

Nowadays, he who is caricatured is distinguished, and caricature completes the parallax by which the man is measured.

Rather than write ourselves of the details of the life of one who is yet amongst us and still closely associated with Guy's, we append an interesting account from an outside source, which we have the best authority for believing to be correct.



From a Photo by] PRESENT DAY. *[Bassano.*

FROM "THE ECHO."

"ECHO" PORTRAIT GALLERY.

DR. SAMUEL WILKS, LL.D., F.R.S.

Though he is not one of the doctors puffed by the newspaper paragraphist, it is probable that Dr. Wilks's reputation will continue to grow long after the money-making fashionable physicians of the day are forgotten. Reflecting on the titled doctors of the past, it is astonishing to note the number of physicians to kings and queens and presidents of the College of Physicians whose reputation has not stood the test of time. They were skilled, successful tradesmen, and that was all. They served their generation, and were well rewarded for it. On the other hand, Harvey, Cheselden, Pott, John Hunter, William Hunter, Edward Jenner, and many others gained no titles; but their reputations will last while medicine and surgery last. Dr. Wilks belongs to the order of original investigators who make medical science. He has personally studied and lectured upon diseased human anatomy, not in the spirit of fulfilling duties required of him, but in a manner and to an extent which no man can endure except for the love of pure scientific research. There are now many assiduous students of morbid anatomy who cut microscopic sections by the thousand to detect the latest microbe or germ of disease. Thirty or forty years ago no one could surpass Dr. Wilks in the thoroughness of his examination, not of miscroscopic sections especially—a study then little advanced—but of the broader phenomena of

disease, which have in the past yielded brilliant discoveries, and are destined still to do so. And when he came to clinical work his mind was furnished, as it were, with a "map of the interior," with all the possibilities of the case set out before him. He is an all-round physician, disdaining to specialise, but in not a few specialities equal to any specialist. Such a man does not, when he observes an obscure case, see in it his own pet disease; he has no favourites among maladies, but is equally on the alert against all.

Born in June, 1824, at Camberwell, then delightfully rural, in his early days Dr. Wilks was in the way of hearing much of the doctrines of the "Clapham Sect," among whom the Rev. S. C. Wilks, his uncle, long one of the editors of the *Christian Observer*, was a shining light. Probably this accounts, by the law of reaction, for the extremely broad and liberal tone of his mind on theological or speculative subjects. We doubt whether he would excommunicate anyone—unless it might be the medical quack or impostor who takes people in by an appearance of knowledge, or imposes on them by vile threats and terrors. He is tolerant at times even towards the tradesmanlike success of too many consulting physicians, for such a power of success implies that a certain public want is met, and that business talent receives its appropriate reward—money. But this is anticipating. Young Wilks was for some years one of the most diligent and successful students at Guy's Hospital, qualified at the College of Surgeons in 1847, graduated M.B. at London University in 1848, and M.D. in 1850. For many years he has examined in medicine where formerly he was examined, and as member of the Senate of London University he has rendered important services to medical and scientific education.

Soon after qualifying, Dr. Wilks became Demonstrator of Morbid Anatomy at Guy's Hospital, having already distinguished himself in that department. For many years he studied the results of diseased action, not superficially, so as to give a mere record of what he saw, but in order to discern the causes. Full of inward ponderings, he expressed some of his questionings in language that compelled students to question themselves, or to become questioners of nature. When his lectures on "Pathological Anatomy" were published in 1859, after he had become Assistant Physician to the Hospital, it was seen by those who read carefully that the book was crowded with new renderings, new suggestions as to the causes of morbid phenomena, modestly put forward without any special claim to priority. But any honestly-written text-book of medicine nowadays admits the obligation of medicine to Dr. Wilks for numerous discoveries, such as those relating to many of the terrible brain and visceral consequences of syphilis, the true understanding of which has rendered possible the cure of many previously hopeless cases. In fact, the whole tone of Dr. Wilks's references to the brain and nervous system revealed a deep study of nerve physiology and pathology which time has but further strengthened. Many of his previsions or discoveries of thirty or forty years ago have passed into general acceptance.

One subject, "Migraine," popularly, but somewhat erroneously, known as sick-headache, Dr. Wilks may claim to have been the first to systematically treat of; and he has been fortunate enough to introduce more than one valuable remedy for it, especially antipyrin. For this alone many sufferers whom he has never seen have cause to be grateful to him. But they little know at what a cost his profound insight into their pain has been obtained. From early childhood he suffered from it himself, in more varieties than one; and, fortunately, he was able to observe his own case well, and then to study those of others sympathetically. He holds that perhaps the most wonderful thing in the world is the nervous system of a woman—the apparently hopeless conditions from which she may recover—the extraordinary collapses which she may undergo from nervous shock or excitement without any disease. If anyone will read Dr. Wilks's last edition of his "Lectures on Diseases of the Nervous System," he will find abundant material therein for judging of the extent to which the doctor has mastered the most complex phenomena of nerve, brain, and mind.

But other living doctors have made notable discoveries in pathology and nerve diseases. Yes; but Dr. Wilks is an individual type. Unlike many fashionable physicians, he with his whole nature abominates and rejects shams and pretences of all kinds. Many of his letters to the medical papers show this; one which appeared in the *Lancet* last year sarcastically asked "Why congestion of the lungs had become the privileged complaint of the upper and paying classes, whilst inflammation of the lungs had been degraded to the wards of the hospital?" On more than one occasion, when about to use the latter term, he had been hushed, and begged not to use that word, as if it were of dreadful import. Yet hundreds were then dying of this "congestion of the lungs"—a mere euphemism for pneumonia or inflammation of the lungs. All through his life Dr. Wilks has been nailing falsities and shams to the counter, and naturally has been often told that his conduct was reprehensible, or that the patients must be cajoled or humoured. But almost too heedless of personal considerations, Dr. Wilks has told patients, doctors, or the public the truth, and if the truth has not always been palatable, no man's reputation stands higher to-day with the profession for absolute honesty combined with intense discernment. A Vice-President of the College of Physicians, a member of the General Medical Council, a past president and long an active member of the Pathological Society, more than once president of the sections of medicine and of pathology at the British Medical Association, and President of the Pathological Section of the great International Medical Congress, held in London in 1881, he has received ample testimony of his high estimation by the profession. But his successes have not nearly equalled his merits, largely from his dislike of that business aspect of his profession by which so many make a noise in the

world. One has to find out his merits, unless one has the novelist's eye for character, for he will never consciously reveal them himself. At times he might even seem to be grumbling, "the world's out of joint"—and so it is, with migraine to endure. But beneath the surface ruggedness seen at times there is a heart so kindly, a will so strong to do great benefits and say nothing about them, that we cannot wonder at the remark once made to us by a deceased doctor, then rising to eminence, but too soon cut off, "I worship that old man's white hair."

In reading Dr. Wilks's works, just as in studying his objections to the arts of success, the practised literary man feels how much he could have made out of such valuable material; a success equal to that of Watson's "Lectures on Medicine" was within grasp. But his lectures are conversational, always valuable, often lighted up by literary illustrations, showing the widest reading, governed by a remarkable adhesiveness for what is illustrative of his subject. They have been constructed with just that defect from literary perfection which makes the difference between wide popularity and sound esteem.

Dr. Wilks is rather tall, broadly but well built, with a presence of great dignity, features refined by thought and lined by pain, and blue eyes, in which kindliness and keenness combine. He has an abundance of silvery white hair, worn rather long, and white whiskers to match. At Guy's his has long been a name to conjure with. He manfully stuck to his duty to the Medical School when the nursing question was under discussion, and since his retirement from the Senior Physiciancy, owing to the age limit, his interest in the Medical School continues unabated; and no one meets with a more enthusiastic reception when he goes down to preside at the Physical Society of Guy's—the oldest Society of the kind in London.—*Echo*, May 5th, 1891.

CALENDAR OF COMING EVENTS.

Mar. 1.—April Appointment List opened.
,, 4.—Meeting of Physical Society. "Occupations and Diseases."
,, —1st XV. v. Blackheath, at Rectory Field.
,, —2nd XV. v. Lennox II., at Dulwich.
,, —"A" Team v. Brockley II., at Brockley.
,, —1st XI. v. Chiswick Park, at Brockley.
,, —2nd XI. v. Royal School of Mines II., at Barnes.
,, 7.—Application to Medical Office for Schedules for the First and Second Conjoint Examinations not later than this date.
,, 8.—United Hospitals' Boxing Competition.
,, 9.—April Appointment List closed.
,, 11.—Meeting of Debating Society.
,, —1st XV. v. Richmond, at Richmond.
,, —2nd XV. v. Harlequins A, at Brockley.
,, —1st XI. v. Eastbourne, at Eastbourne.
,, —2nd XI. v. Barnes II., at Barnes.

Passim.

The "Ladies' Night" at the Debating Society was in many respects a truly great occasion. It was amusing to watch the faces of those arriving late; blank astonishment at the totally unaccustomed appearance of the Smoking Room, closely packed as it was with an assemblage consisting so largely of ladies, was written on every one. No one, in fact, unless it were the energetic Secretaries of the Society, ever believed that a first experiment in this direction could be such a success.

As to the quality of the debate, we do not think there is quite so much room for congratulation. In spite of one or two excellent speeches our orators were not heard at their very best, and it was a great pity that Mrs. Stanley Boyd's admirable speech was not supplemented by arguments from other ladies. We have been told that the invitations issued did not make it sufficiently clear that lady visitors would be permitted to speak, so that many came unprepared who would otherwise have been glad to do so. If this was the case, we trust that the error will be remedied on the next occasion.

Mr. Harold Murray, who has just resigned his appointment as Assistant Dental Surgeon, has been so enthusiastic a worker for the success of the Dental School ever since its foundation, that we fear his loss will create a breach most difficult to fill. Mr. Murray was above all things eminently practical—not only in the Committee Room and at the Chair side, but also in the Lecture Theatre: and it is almost impossible to say who will miss him the more acutely—the Dental Staff or the Dental Students. To many of us his departure constitutes a personal loss.

WE understand that Mr. Murray, who is going to California, has been presented with a telescope by his colleagues; and that the Students, likewise seized with utilitarian zeal, have supplemented this with a repeating rifle, given "as a slight tribute of gratitude and regard." We hope that Mr. Murray will enjoy good sport, and every other happiness in his new home.

WE hear that the Final v. Bart.'s in the Association Cup Tie, is to be played before the end of the month, probably next Tuesday, and we hope that a larger gathering of Guy's men will be present on that occasion than there were in our other Ties.

OPINIONS as to our success are varied. The *Evening News and Post* says we have no earthly chance, while a morning paper of last week said that no hospital would be in it with our team if they played as well as they did against the London Caledonians.

THIS team defeated St. Bartholomew's by seven goals to nil; but, of course, we cannot form any comparison on a single match.

OUR Eleven is rapidly improving; the forwards have now some idea of combination, and our right back is a great accession to the team.

THE RUGBY CUP.—Our contemporary, the *St. Thomas's Gazette*, and ourselves seem to have had a simultaneous inspiration, for their last issue contains an article on the subject of the comparative merits of the Guy's and St. Thomas's teams, with which we also had meant to deal. In it they have come to the conclusion that the struggle must lie between St. Thomas's and Guy's, and after putting forward their claim in the most modest manner, prophesy a fierce and exciting struggle.

We give below a list of our respective games with the same clubs.

	St. Thomas's. Result.			Guy's. Result.		
		For	Against		For	Against
Lennox ...	won	2g 2tr	nil	won	3g	2g
Old Leysians	lost	nil	1tr	lost	2tr	1g 4trs 5 pts
Rosslyn Pk.	won	1g	nil	won	1g 2tr	1g 1tr
Kensington	drn	1tr ea	—	lost	nil	1tr
Croydon ...	won	1g (dp) 1tr	1tr	won	3g 1tr	1g
East Sheen	won	1g 2tr	nil	won	4g 2tr	nil
Clapham Rovers (1)	won	—	—	drn	2tr	1 drn g
„ (2)	lost	nil	1g 1tr			
O. M. T. S.	lost	nil	1tr	lost	nil	1tr
Leicester...	won	1g 1tr	1tr	drn	1g 3tr	2g (1 dp) 1tr

Other Matches.

		St. Thomas's.	
Cambridge	won	1 goal 2 tries	1 try
Blackheath	lost	nil	1 goal 2 tries
R. M. C.	won	2 goals 2 tries	1 goal
London Scottish	lost	1 try	2 goals (1 penalty) & a try
Oxford	lost	1 goal	2 goals 2 tries
Harlequins	lost	nil	2 goals 1 try
		Guy's.	
Middlesex Wanderers	lost	nil	2 tries
Wickham Pk.	won	1 goal 3 tries	1 goal
Northampton	won	2 goals 3 tries	1 try
London Welsh	won	1 goal 1 try	nil

The *St. Thomas's Gazette* thinks perhaps that we are stronger than ever, with which we do not agree, certainly not in the scrum; but there can be no doubt that our outsides, strengthened by Jackson at half, are an exceptionally fine lot, and it is there that we must beat St. Thomas's if we are to win at all. So all we can do is to ask our forwards to work hard and play their best against a better pack, so as to give our outsides plenty of chances, of which we are sure they will be only too eager to avail themselves, and in doing so they will go the best way to regain the cup, which, we must with sorrow remind them, we have not held since 1886.

WE noticed with pleasure that H. A. Munro came in eighth in the Cross Country Club Championship of the Southern Counties last Saturday.

We were to have played King's last Tuesday in the Rugby ties, but they, mistaking the day, failed to put in an appearance, and so we pass on to the final. In this we shall have as our opponents the winners of St. Thomas's v. Middlesex, and the game will probably come off on Thursday next at Richmond.

Last Friday and Monday the Annual Boxing Competitions were held in the Pavy Gymnasium. This year the entries were confined to novices, but good sport was shown. In many cases, however, lack of condition rather than hard hitting brought bouts to an early termination.

Scene: Maze Pond — rather bald Guyite standing at College entrance—passing coster taking off his hat discloses a very hairless scalp and exclaims, "Toss yer for the lot, guv'nor."

We are pleased to call the attention of Guy's men who are subscribers to Epsom College to a case that seems deserving of their support. The boy is one of several children of an old Guy's man, whose death three years ago left his family very ill provided for. An attempt is being made to get the boy into Epsom at the next election, and the active support of our readers should be able to turn the scale in his favour. Proxies should be sent to the doctor's widow, Mrs. Robinson, the Crescent, Dunkinfield, Cheshire. The case is recommended by Dr. Wilks, Dr. Pavy, and Mr. Durham.

By the way, we notice that there are something like 800 votes for Epsom College belonging to subscribers who have been educated at Guy's, and whatever may be our personal feelings about the wisdom of the method of election to charities of subscribers, there can be no objection when it exists to utilise the strong feeling of brotherhood that exists among Guy's men to help the widow or an orphan of one of our deceased fellow-students to get in at the head of the poll.

In trying to find out which of the subscribers to Epsom were old Guy's men, we sorely felt the need of a Guy's directory, and more than once, when resting from our labours, expressed a fervent wish that the effort of the Clubs' Union to embrace every old Guy's man in their ranks, and then make their list of members a directory of Guy's men, might be speedily crowned with success.

We must congratulate Mr. D. W. Martin on the very good show he made in the open light weight boxing competition, held by the Orion Gymnasium, on Monday, February 13th. After cleverly beating G. Stapleton in the first round he lost to the subsequent winner, S. Pidgeon, who beat him by a narrow margin after a most determined stand. M. E. Tresidder also boxed in the middle weights, but having only just recovered from influenza was too weak to do much good. We hope to see them both win their spurs before long in some open competition.

The prize, which has been kindly presented by an old Guy's man for the best boxer, will be decided among our representatives at the United Hospitals' Meeting.

Mem. for February 21, 1893.—It was not Football that used to be called the "Sport of Kings."

ACKNOWLEDGMENTS.

The "Hospital." Margate as a Health Resort, by H. E. Crook, M.D., F.R.C.S. Communications, &c., from Dr. F. Felix Jones; Mr. W. H. Jalland; Dr. H. H. Austen.

PASS LIST.

UNIVERSITY OF LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE.
JANUARY, 1893.

Entire Examination.—Second Division.
E. Coleman.

Physiology only.—Second Division.
W. M. Price.

Hospital News.

IN THE WARDS.

UNDER DR. GOODHART.

(Subject of Clinical Lecture, on Saturday, February 18th.)

PHILIP 6.—A. S., æt. 50.—Admitted February 6th for shortness of breath; dyspnœa; cough; mitral regurgitation; cardiac asthma; Cheyne-Stokes' respiration. Patient is a married man with seven children, has had hard work, but not manual labour. Family history good. Patient has had rheumatic fever three times, last attack 26 years ago; facial erysipelas three years ago; severe epistaxis two years ago. Patient has been ailing for some months; shortness of breath dates back fourteen months, but has become considerably worse the last two months.

Condition on admission:—Patient appears very ill. Complexion extremely pale and sallow; features present an anxious expression. Lips not cyanosed. Legs œdematous.

Circulatory system:—Apex beat not visible; heart apparently enlarged; cardiac dulness extends one and a half inches beyond nipple line with slightly abnormal extension to the right. Pulse 85, regular, easily compressed, not mitral or aortic in character, but arteries full; pulsation easily seen. Largeness of wave due to locomotion of the vessel, for the pulse itself is small. There is a blowing systolic bruit, louder in the tricuspid than in the mitral area, but bruit can be traced into left axilla, but is not heard behind.

Respiratory system:—Physical signs do not account for the dyspnœa and extreme distress. Descripton by Dr. Goodhart is that patient appears starved for want of oxygen. There is, however, a deficient entry of air into both bases behind, with a few fine mucous râles. Right clavicle three times as large as left (? fracture). Liver enlarged and also probably spleen. There is also a large number of purpuric moles over skin which contain blood. (? Do these increase in number.) Temperature subnormal.

Renal system:—Urine, specific gravity 1022; trace of albumen; no blood; large deposit of urates.

Progress and further symptoms:—Lumbar cushion has decreased in size. Sleeplessness, anxiety and extreme restlessness has been very marked throughout. Respiration at times assumes a Cheyne-Stokes' rhythm. Temperature usually subnormal. Pulse regular and is usually slow, 86; has never been mitral in character. Urine has remained the same throughout, but patient has only passed a small quantity. The last two or three days patient has shewn some slight improvement, perhaps due to the influence of digitalis.

Heart Cases:—

MARY 13.—C. S., æt. 37. Mitral stenosis. Dilated pulmonary artery. Apical presystolic bruit and thrill. Dr. Goodhart says that the diastolic bruit and thrill in the pulmonary area is indicative of dilated pulmonary artery. Pleuritic effusion (left), paracentesis. Compare this case with—

MARY 21.—M. N., æt. 17. Mitral stenosis and regurgitation; ? tricuspid regurgitation. Presystolic and systolic bruits at apex, systolic bruit over tricuspid area; apical systolic thrill. N.B.—These bruits are variable. See also Philip 11, Philip 1, Philip 20 (description below).

Lung Cases:—

PHILIP 7 and 8, MARY 23.—Phthisis.

MARY, Cot 53.—T. P., 1 year 11 months. Bronchopneumonia. Right axilla dull, deficient breath sounds over same area, no râles; ? caseous middle lobe (right); ? pleuritic effusion; ? collapsed lung. Periodical rises of temperature.

PHILIP 2.—T. G., æt. 60. Bronchitis, &c.; ? pleuritic effusion; paracentesis; Cheyne-Stokes' respiration; superficial ulceration of tongue.

PHILIP 5.—M. T., æt. 17. Pneumonia; pleuritic effusion; empyæma; operation.

Kidney Cases:—

PHILIP 18.—R. H., æt. 42. Bright's disease; lardaceous kidneys. Patient passing a large quantity of albumen.

PHILIP 20.—T. B., æt. 40. Bright's disease; chronic tubal nephritis. Pleuritic effusion; paracentesis. Albuminuria retinitis.

PHILIP 12.—C. V., æt. 32. Diabetes mellitus. Sugar absent for some weeks, but has lately slightly returned.

MARY 16.—A. S., æt. 37. Floating kidney (right).

Nervous Cases:—

PHILIP 11.—Aphasia (motor); ? embolism; ? hæmorrhage. No loss of power in limbs; blowing systolic bruit at apex; enlarged heart; thickened arteries. Incipient cataract of both eyes.

PHILIP 9.—Sciatica; ? cause. Tender points along course of sciatic nerve. Treatment: cod liver oil; galvanism. Improving.

Liver Case:—

PHILIP 14.—S. P., æt. 40. Cirrhosis of liver; ascites. Patient has been tapped four times.

Fevers:—

PHILIP 19.—T. M. E., æt. 10. Enterica; relapses.

PHILIP 1.—T. C., æt. 37. Acute rheumatism (second attack). Apical systolic bruit.

PHILIP 13.—W. N., æt. 20. Acute rheumatism (first attack). Apical systolic bruit.

MARY 15.—M. A. M., æt. 46. Acute rheumatism (third attack); ? pericarditis.

Skin Case:—

PHILIP 4.—R. L., æt. 28. Eczema.

C. E. CARPMAEL.

GUY'S HOSPITAL DEBATING SOCIETY.

The Debating Society met last Saturday week to discuss the proposition—"That every *encouragement* be given to Women to enter the Medical Profession." At least this was how it read in the notice. Dr. Pavy, who was Chairman for the occasion, read "facility" for "encouragement." Some speakers debated on "facility," and others on "encouragement," naturally causing slight confusion among the audience.

It was a ladies' night. Many lady medical students were present and a few lady doctors. Among others were Dr. Stanley Boyd and Miss Barnard (M.D. Lond.). There were also present Dr. L. E. Shaw, Mr. Golding-Bird, the Warden, and many of the Sisters of the Hospital.

Mr. MOON opened for the ladies. At the outset, he deplored two things; the first, that some one who had penetrated farther than he had into the mysteries of medicine was not there to open the debate and move the resolution. In the second place, he could not help recollecting J. S. Mill's remark, that a man could only know adequately the mental and moral attributes of one woman—his wife. Therefore, again did he deplore his lack of access to another channel of information as to opinions current among women of the present day. In Mr. Moon's opinion, the desire of women to enter the medical profession was of a piece with the general effort to render society more flexible and elastic, and that was to be obtained by giving to women full freedom in the choice of their careers. Men were limited also by social prejudices, lack of means, etc., but women were far more limited. Mr. Moon was willing to stand by his proposition even if he thought medicine a profession unsuited to women. In his opinion its restriction to men was a protective tax which only benefited a class, while it made against the general good of the community. Lastly, he thought it better to go wrong from a free exercise of will than be kept right by a slavish adherence to custom. Followed some remarks on the peculiar aptitude of women for the medical profession. Women universally acknowledged as the best nurses; also their intense sympathy with physical pain, and other qualities pointed to that fitness. He also claimed that women like to be attended by lady doctors—a desire not by any means unnatural, because women feel that members of their own sex, brought up as they themselves have been, will more readily than men understand their ways of thinking. Again, owing to women being unable to earn their own living, many of them were forced into matrimony; and, in conclusion, he thought that men and women were of the *same* calibre in the mental and moral plane.

Mr. PARRY seconded the motion.

Mr. PASSMORE opposed the motion. He granted that man and woman were fundamentally equal. Therefore, and on account of that equality, a division of labour was necessary. While to the female is given the larger share in the burden of physical development, to the male is allotted the greater part in the life struggle. Mr. Passmore proceeded to compare the old chivalrous idea of womanhood to the ideal of supporters of the present motion, and while it might not be right to say that the training entailed on a student would unsex women, yet he *would* say it rendered them sexless. However, the impossibility of even conceiving women as possible rivals to men in medicine was a great consolation to him. Mr. Passmore at the end of his speech gave his most powerful reason for voting against the motion, *i.e.*, that any general and high standard of intellectuality is fatal to reproduction in the class which adopts that standard.

Mr. H. A. D. M. RYGATE seconded Mr. Passmore.

Mr. R. HENDERSON pointed out (as his chief reason for voting for the motion) that when adversity came, women seldom had the means necessary to earn their own livelihood.

Mr. GAY, against, was followed by Mr. C. B. STATHAM for the motion.

Mr. HIGGINS pointed out the fact that if medical women were a necessity in India, *Indian* women and not English lady doctors were the requisite article. But medical education both for females and *almost* for males was more than free in India; that the results of this motion, if put into effect, would be practically to give lady doctors a bounty, and so revive an exploded economic fallacy.

Mr. BURRELL having spoken against, Mrs. STANLEY BOYD, in reply to a taunt from the last speaker, who put the limit of women's power at crochet, etc., instanced the button-hole stitch as a plea for women-surgeons. She questioned Mr. Passmore's doctrine of intellectual development being fatal to reproduction. Further, she denied that women had ever sought to lower the standard of medical education. Mrs. Boyd spoke in admirable style and was greatly cheered.

Mr. SPON followed with a gallant attempt to provoke the ladies into a speech. Mr. Matthews quite misunderstood him, and reminded him "that women are not born to suckle fools, etc."

Mr. HARRIS followed, and Mr. ANDERSON gave us a very fluent maiden effort.

Mr. PARRY, who had formally seconded the motion, was not allowed to speak without some very needless opposition on a technical breach of the Club rules.

Mr. SPRIGGS added one more to the fluent speeches of the evening; and to conclude, Mr. Passmore summed up, and Mr. R. O. Moon replied.

A division was challenged, with the result that there voted:—

Ayes	...	...	...	17
Noes	...	...	...	26
Majority for Noes			...	9

In conclusion, I would like to see some ONE proposition to be debated and the wording fixed, not alterable at will. I trust, for the sake of the Society, that it is not true that the Debating Society have appropriated this

night from the Smokers; and, finally, on an another occasion like the last, I would beg them to reserve at least one or two seats for such members of the Staff as honour the Club with their presence. I would like to add, that we want far more debate and much less of the prepared speech.

C. P. HIGGINS.

GUY'S BOXING COMPETITIONS.

The opening bouts of our Annual Boxing Competitions were got through on Friday night, February 17th, when, although the attendance was small, those who were enthusiastic enough to stop up were amply rewarded by witnessing a very fine evening's sport. The contests were this year entirely confined to novices, a very wise decision on the part of the Committee, as it greatly increased the entries, and introduced a lot of new blood which would have been discouraged from entering the ring with some of the veterans at the game. The evening was characterized by close finishes and by plucky and determined stands on the part of the losers. Three bouts were down for decision. In the feather-weights, L. G. Reynolds possessed a great advantage in height and reach over his smaller opponent, Orford-Jones. In the first round honours were pretty evenly divided, both men being cautious, only waking up to some smart work just before the close. The second round opened well, but soon rather dwindled, both men sparring for wind. Reynolds did most leading off and finished some points ahead. In the third round both men tried hard, but although Jones made some ugly rushes, and forced his man on to the ropes now and again, he was receiver-general all through, Reynolds' long reach telling with great effect and securing him a well-earned victory.

The next pair were also light-weights, W. M. Price and R. Sergeant. The latter was much the heavier and stronger, but Price, boxing with great judgment, served out most punishment, and at the finish won comfortably. Round 1: Sergeant was evidently bent on forcing matters, and rushed Price about the ring, using both hands very smartly, but the Welshman kept steadying his man with a very quick straight left, the round, however, ending in Sergeant's favor. Round 2: Price kept popping his left in his opponent's face, and Sergeant tiring, the former had much the best of the points at the finish. Round 3: Sergeant made a very plucky stand, but it was of little avail against his more scientific opponent, who scarcely ever had his left out of Sergeant's face. A fierce rally took place towards the finish, but Price was returned an undoubted winner.

The middle weights brought out H. Pern and David Rice, and proved another example of experience and science telling against superior weight and strength. In the first round Pern let his opponent do all the work, the result being that Rice tired himself considerably. Round 2: Pern did more leading, and being much quicker, put in some very effective work, turning on the claret and getting Rice very weak before time was called. Round 3: Pern set himself fairly going, and Rice making a plucky resistance, an exciting round was witnessed. Pern boxed well with both hands, and Rice's face shewed signs of severe visitation, and going very weak towards the end he was well beaten.

H. W. Fox sparred a bye with D. W. Martin, the latter doing just what he liked with his big opponent.

Some exhibition bouts were boxed by M. C. Tresidder and H. Smith (German Gymnasium), and also by A. Allport and Professor W. Natty, the Instructor to the Club.

Some of the French Football Team, whose visit to England created much interest at the beginning of the week, remained interested and enthusiastic spectators throughout the evening. They subsequently expressed their opinion that they preferred to remain onlookers rather than become active participators in our thoroughly English pastime of "La Boxe."

SECOND NIGHT.

On Monday night, there was an air of suppressed excitement in the Club, and it was evident that something of great interest was going forward. At 8 o'clock there was a large attendance in the Gymnasium, and the Staff turned up in great force, and watched with great satisfaction the pluck and prowess of their more athletic pupils. Proceedings commenced with a very creditable display of Gymnastics, given by Messrs. Brereton, Spon, Macdonald, Reynolds, Ta'Bois and Walling, which was much appreciated by everyone present. At 9 o'clock D. W. Martin gave a clever exhibition spar with Swaiger Spencer (professional), after which, the two contestants for the heavy weights entered the ring, C. G. Burton and H. W. Fox. This proved to be rather of the humorous order, both men being very much out of condition, Burton wearing a stone or two of the superfluous, and Fox, although longer and thinner, having bellows to mend very soon after the commencement. A detailed description is not needed, all the rounds were of a tame and scrambling description, Burton being returned the winner at the finish. In the light weights, P. E. Tresidder took Pern's place, as the latter had hurt his thumb on Friday and was unable to use his right hand. Tresidder opposed Kinsey Morgan, who, although giving away weight, boxed very pluckily. In the first round, Morgan forced the fighting, but got steadied by a sharp left-hander and went to the boards before time was called. In the second round Tresidder got his man beaten, and Morgan's chance being nil, the round was stopped and Tresidder given the verdict.

In the middle weights C. E. Michael possessed a great advantage in weight and strength, and after two very fast rounds W. W. Farnfield went down, and Michael won after a very determined show by the loser.

The last to appear were L. G. Reynolds and W. M. Price in the final of the feather weights, and this proved to be the best show of the evening. Reynolds had the longer reach, and boxed in very pretty style, both men trying their hardest, and making the pace very hot.

In the first round Reynolds had rather the best of matters, but Price was game and gave him no rest. Half-way through the second round, Price took a sudden lead, and Reynolds having worked himself to a standstill, held out his hand in token of defeat.

This brought to a close what proved to be a very good competition, and we must congratulate Mr. Spon, the Secretary, on having got so many novices up to the scratch, and upon the excellent management of both evenings. Before breaking up, a vote of thanks and three cheers were given to Mr. Herman Cousins, who so ably filled the judge's chair to the complete satisfaction of spectators and competitors alike. Mr. A. Allport held the watch, and the men were seconded by Professors W. Natty and Swaiger Spencer. We hope our annual boxing competitions will always continue as successful and as popular as they have done up to now amongst Staff and Students.

UNITED HOSPITALS BOXING CLUB.

The First Annual Boxing Competition in connection with the above Club will be held on Wednesday, March 8th, at the Hall, Store Street, Tottenham Court Road. An excellent entry has been made, the undermentioned Hospitals having sent in representatives:—St. Bartholomew's, Guy's, St. George's, London, Middlesex, St. Thomas's and University, so that a first-rate show may be confidently expected. Under the presidency of F. Treves, Esq., F.R.C.S, a huge attendance may be looked for on the 8th ult. Tickets may be obtained of the Hon. Sec., H. J. Spon. Prices:—Numbered and reserved, 3s.; Reserved, 2s; Unreserved, 1s. As already announced, the weights will be those of the A.B.A., and a Prize will be presented to the winner of each event.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Sir,—In connection with the "sphere of influence" of the Guy's Charity, I cull the following from Mr. Charles Booth's last volume. He says: "It will be seen that the highest percentage of poverty in any one block is in South London: an area with about 33,000 inhabitants lying between Blackfriars and London Bridge having close upon 68 per cent. of poor." "Again," he goes on, "if we take three contiguous areas, we get in Southwark and Bermondsey a population of 90,000 to 100,000, of whom 60 per cent. are poor"—with Bethnal Green and Greenwich next with about 10 per cent. less poor. And, finally, "If we go still further and double the unit, South London still stands first with a population of nearly 200,000 between Blackfriars and Horselydown, of whom 52 per cent. are poor. East London follows, with only 46 per cent. poor."

As a statistical tit-bit in connection with the Charity, I am sending you this in the hope that it may prove of sufficient interest to merit insertion.—I am, Sir, yours truly,

C. P. H.

Dear Sir,—The article in your last issue by "Six Months" is as instructive as it is amusing. He would, however, have much increased its value had he mentioned that the chief reason why he was rejected was because he mistook a case of galloping phthisis for broncho-pneumonia and gave a too favourable prognosis accordingly. For myself, my errors are now well-nigh public property, so that I need not enlarge on them further. Considering the outrageous fees demanded, and the puerile value of the exam. from an educational point of view, he is indeed labouring under a singular delusion if he really imagines that your humble servant or anybody else "endeavoured to get plucked." As the same examiners function at the Final F.R.C.S. it is perhaps not an unmixed evil that the Final Conjoint has been made a compulsory preliminary to the higher diploma. My real object in writing, however, is to add one or two hints which your correspondent does not mention, viz.:—

1. Take a few lessons in thought-reading. This will be found an invaluable accomplishment for ascertaining the exact words an examiner wishes you to reply in, should he be unable to express himself intelligibly in ordinary English.

2. Persuade your friends and teachers to ridicule your diagnosis and call you names whenever possible. When thoroughly accustomed to this, if your examiner playfully tries to lead you away from the diagnosis or casually calls you an imbecile, you will not feel the least upset thereat, but, on the contrary, feel more than ever at home.

3. The viva on surgical anatomy and apparatus is held the same afternoon as the clinical cases (no intimation whatever is given of this by the officials beforehand. Tea and cake is provided, but it is as well to fortify oneself with a square meal beforehand, as one is placed under lock and key for a variable term of hours).

4. Practice carefully the traditional methods of handling all scrotal swellings (*vide* Æsculapius, Vol. II., chap. x). Examiners, being precluded from testing one's experience of rectal and vaginal examinations, naturally make the most of the only indecent part of the body left to them. Even if you can make a certain diagnosis from inspection alone, you must never omit the smallest detail of the formal method, and it is as well to commence the examination with some such incantation as is used to preface a game of *Blindman's Buff*. Some examiners expect to be told that you wish them to hold the light for you.

5. Cultivate a habit of speaking in words of one syllable. An examiner will then be much more likely to be able to follow you (partially at any rate).

6. When you have exhausted the usual treatments (this applies more especially to midwifery), never *under any circumstances* mention anything suggested to you by common sense or analogy. To do so is absolutely fatal.

7. Before presenting yourself in surgery, be thoroughly familiar with the classification and nomenclature of skin diseases adopted by Drs. Willan and Bateman in their fasciculi of coloured plates as published A.D. 1814—17. (The undersigned will be delighted to lend his copy to anyone who has not inherited one from his great-great-grandfather).

M.B., B.S. Lond.

Sport.

ASSOCIATION FOOTBALL.

GUY'S 1ST ELEVEN v. LONDON CALEDONIANS.

This match, the proceeds of which were devoted to charity, came off before about a thousand spectators on the ground of the latter at Tufnell Park on Saturday, February 11th. The weather was fine during play, but the mud made the ground extemely heavy and so hampered the forwards of either side very much. Fisher was unable to turn up, and his place was taken by W. Mitchell of the home club. On the ball being started, our forwards attacked, but were in turn driven back, and nothing of importance occurred until about twenty minutes after the start, when "hands" was given against the Caledonians within the twelve yards line; Hewitson's shot was, however, charged down, and play returned to our quarters. Hunter and Williamson were now conspicuous, and after about thirty-five minutes' play, the former scored for the Calies. Play then ruled even until half-time, which was enlivened by bagpipe "music" from a band of boys of the Caledonian Asylum.

On re-starting, Guy's made great efforts to equalise, Stamford and Fitzhugh being prominent, but Hay relieved, and the Caledonians broke away and notched their second point by means of Murison; this was appealed against for infringement of the off-side rule, but the point was allowed. The same player soon added a third goal.

Guy's now played all they knew and fairly hemmed in their opponents, but luck was with the home team, for Stamford hit the cross-bar with a lovely shot, and Murray and Pendred hit the side-posts, and yet the score remained three—nil in their favour. Before time, however, this score was increased, for Hunter got away and headed through—an appeal for off-side being given in his favour; play then quieted down, as both sides were tired by their struggles in the sea of mud. Thus Guy's were beaten by four goals to nil—a score which does at all represent a hard and even game, in which our opponents were thoroughly extended, a thing which has rarely happened this season. Our team showed marked improvement on the London match; we could not especially mention any one of the forwards when all were so good, but outside Lavers and Lidderdale, who received quite an ovation after the game, showed best defence, though Hewitson worked hard throughout.

London Caledonians:—W. Stirling (goal); W. Hay and T. Abbot (backs); J. D. Menzies, A. Laing and C. H. Brown (half-backs); R. H. Howie, J. W. Murison, P. Hunter, A. Whitehead, and W. Williamson (forwards).

Guy's Hospital:—N. Lavers (goal); W. S. Frith and F. J. Lidderdale (backs(; H. D. Packer, H. Hewitson (Capt.) and A. E. Crosby (half-backs); R. B. Stamford, W. Murray, R. J. Fitzhugh, B. F. Pendred and W. Mitchell (forwards).

GUY'S v. CLAPHAM ROVERS.

This match was played at Wandsworth, on Saturday, February 11th. Guy's played with the wind the first half, and repeatedly forced their opponents to touch down, but it was not till just on half-time that Covernton, from a rush of the forwards, secured a try for Guy's close to the touch line. The place failed. In the second half the Rovers pressed with the wind in their favour, and Sharp dropped a goal. After this our forwards played with great determination, and Dudgeon, by a splendid dribble the whole length of the ground, secured another try for Guy's. Shorland again failed with the place, the wind carrying the ball away. The rest of the game was evenly contested and resulted in a draw of four points each.

GUY'S v. CROCKS.

A considerable contingent of Guy's men, young and old, appeared at Brockley, on Thursday, February 16th, and were fully rewarded by witnessing a most amusing match. The Crocks winning the toss, wisely took the wind and hill in the first half, and scored the only point in the game, viz., a goal from a try by W. G. Mitchell. The present forwards in the tight more than held their own, the Crocks objecting too strongly to the smell of iodoform, &c., to do much work in the scrimmages. At half-back Cooper and Bryant were more than a match for the two halves (?) whom the young 'uns brought against them. Fawcett was in rare form in the loose, and little Allport wanted a deal of tackling. Perhaps one of the most amusing incidents of the game was Cloud's fruitless attempt at dropping a goal. The effects of E. D. Hancock's collaring was most apparent, and we imagine that several of the Crocks will have to get their jerseys washed before the return match comes off.

GUY'S v. LONDON WELSH.

Played on February 18th, at Kensal Rise. The ground was not by any means in good condition, being decidedly swampy in parts. After a most uninteresting game Guy's left the field victorious by one goal one try to nil. We should have scored more, but Hancock, when he had a clear run in, fell head over heels in a swamp, and another time Dudgeon mulled a pass from Hancock right on the line. Neither side were playing full strength, our men being apparently all knocked up by the Crocks' match on the Thursday.

APPOINTMENTS.

MANBY, J. HERBERT H., M.B., B.C. Cantab., M.R.C.S., D.P.H. Cantab., has been re-appointed Medical Officer of Health for the County Borough, West Bromwich.

MUNDEN, CHARLES, M.R.C.S. Eng., L.S.A., has been re-appointed Medical Officer for the Ilminster District of the Chard Union.

We have been desired to mention that the appointment (copied from the *Lancet*, 4th Feb.) appearing in our issue of the 11th instant, of Mr. C. G. Roberts to the Staff of the Swansea Hospital is incorrect.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1892 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE.

Guy's Hospital Gazette,

MARCH 11, 1893.

NOTES ON A CLINICAL LECTURE BY DR. GOODHART.

The subject of last week's lecture, "Cheyne-Stokes' Respiration," naturally leads up to the relation of nerve conditions to the heart's functions.

We may very reasonably consider several conditions which are of importance, and yet at the same time may be called trivial. Trivial in the sense that, although some of them may become serious, a good many have no meaning of gravity for the patient. They are all important in this respect, that they cause discomfort and unhappiness from sensations and mental impressions that the heart is out of order.

Some of the various conditions are:—

1. *Palpitation.*
2. *Paroxysmal hurry*, or tachycardia, which is a closely allied condition to No. 1.
3. *Quickened heart.*
4. *Slowed heart.*
5. *Intermittent heart.*
6. *Irregular heart.*

These conditions are very common, and unless you know something about them you may take them to be more serious than they really are, or rather you may not always discriminate between those that are serious and those that are not.

Palpitation.—This is very common; points are:—

It is a *temporary condition*—more or less of it is an ordinary physiological reaction to excitement, particularly when people are out of sorts, or working too hard. But the condition we are considering is not quite that, it is one that comes on quite suddenly and is associated with a rapid pulse of 150 or 160 a minute; is of a temporary nature, perhaps lasting an hour, perhaps three or four, and then subsides.

It is *recurrent.* It occurs in neurotic persons and in some such the history of their lives is that they are subject to these localized nerve storms.

It mostly occurs in *young women.*

Causes.—All sorts of things: *indigestion; excitement; worry;* and so on. In a great many cases, however, it is put down to these things when the real cause is unknown. The heart takes to bolting away without any definite reason. One can always find some trivial condition which, *perhaps*, may be adequate to the occasion, but there is a doubt, and other causes may exist that we know nothing of.

Be careful when dealing with palpitation that you are not overlooking some obvious lesion of the heart. It may easily cloak some particular form of disease, for instance, *mitral stenosis.*

Mitral stenosis is a form of disease likely to give rise to palpitation. Some while ago a nurse came to Out-patients with bad palpitation;

nothing could be made out at the time; some little while afterwards, however, when the heart was not in so excited a condition, we made out mitral stenosis without difficulty.

I have seen several other cases of the same kind. In the earlier stages, and while the accommodation is perfect, it is sometimes a difficult thing to be sure of mitral stenosis; and in all cases it is best to take the opportunity, if you can, of examining the patient when the heart is perfectly quiet. As a general rule there will be no difficulty in finding out the disease if there is any.

Prognosis is generally good.

Treatment.—Sometimes an emetic does good; generally about a teaspoonful of brandy in water gives relief, but this is not a very good remedy, because the palpitation recurs and the patient again takes the brandy and water. Sal volatile is a better thing to give, or Tinc. Valerianæ Co.; these are not likely to be indulged in unnecessarily. The latter is an excellent remedy and one of the best to give for palpitation.

Paroxysmal hurry.—A condition that Dr. Bristowe calls by this name is closely allied to palpitation: indeed, one is inclined to think both conditions ought to be described together, and simply distinguished by the *age of the patient.*

You remember I laid stress on the fact that palpitation generally occurs in young women. Paroxysmal hurry usually comes in older people, and under these circumstances is much more serious. *Sex*, again, is indifferent; it may occur equally in men and women.

It may possibly have relation to gout, as in several cases gout had gone before in the patient's life.

It is by no means a condition to be looked upon lightly.

Just previously I looked up my notes of four cases, and two of them are now dead.

Case 1.—A man, æt. 59. History: troubled with dyspnœa and palpitation. On examination.—Heart was not found diseased but was beating 120. Was a gouty-looking, wrinkled man; urine 1022, no sugar, no albumen; had lived freely and had been fond of cider—which has a bad reputation with regard to gout just as beer has. There was no discoverable disease, but none the less he died the following March (this being June), and for a month or so before his death had a mitral murmur and dropsy. The probability is that in his case, whether as a result of rapid action of the heart or some condition of things behind, the heart gradually failed. *Case 2.*—Healthy old man, æt. 76. Had very definite gout several times, but this notwithstanding he had always been accustomed to drink a pint of champagne at dinner, and been none the worse for it. He was rather a strong-minded old gentleman, yet from the description he gave of a bad attack of palpitation it had evidently made a considerable impression on his mind, and he always lived in fear of having a fresh attack. Another case was a lady of 60, who got well after a time; and a fourth case a man of 54, who also died after a time. His father died of asthma, which is, perhaps, a point of importance, but would have been more so if we knew his age; if young, it would be more likely to be neurotic. The patient suffered from gout years ago, and had passed some calculi; he also had chronic bronchitis. Ten days before he was seen he had been to the Crystal Palace and had an attack of

palpitation, but did not send for the doctor; during that time had attack of faintness. Pulse was 160 when first seen; it presently went down to 100. When I saw him he was sitting up in bed in considerable distress, but we observed just now that we often find these patients go about without any distress whilst their pulse is 160 or 180 per minute, so do not expect always to find them ill. The patient did not breathe very rapidly, but there was some lividity about the lips and cheeks; heart was then 168, with a rapid tick-tack palpitation, but no bruit, and was not irregular. He had capillary bronchitis dependent upon the deranged circulation. It seemed to be one of those cases of paroxysmal hurry, and, as he had suffered from gout, it might be a gouty neurosis, and so we hoped the heart would quiet down. He got better, the pulse went down, but never became quite natural, and he was always more or less an invalid. Within 18 months he died from serious dilatation of the heart. The paroxysmal hurry Dr. Bristowe talks of is in people to all appearance in good health, but as a certain number eventually die of heart disease there is considerable gravity in this condition.

Treatment.—One hardly knows what really relieves it. Give lithia and such things as tend to the excretion of the products of the gouty condition. They, possibly, may do good, especially with saline purgatives. Sometimes digitalis may be given, but with a certain amount of hesitation, because you do not know how it may act when the heart is working so fast. Diffusible stimulants are good, and in both kinds of paroxysmal hurry an emetic may benefit. The old gentleman spoken of said that an enema did him good, his bowels acted freely, and as a result the palpitation stopped. So attend to the *primæ viæ*, then give *diffusible stimulants*, then perhaps *digitalis*.

Paroxysmal hurry may lead to ultimate conditions in which the *pulse is permanently quickened*. As I said before, this may mean no more than a condition of debility, but it may indicate conditions of serious nervous weakness in some way or other (I must use vague terms), and then, at any rate, becomes very important as regards the heart; and, to prove this point, I can recall to you the disease exophthalmic goître, a condition due to some radical nervous fault, causing the heart to beat much more rapidly than it should do, and keeping on for a very long time.

Another disease also associated with a quick pulse is osteo-arthritis. This, perhaps, corresponds with the view held in recent years that this disease depends upon some general condition of nerve fault.

Again, be careful of persistently frequent pulse with valvular disease or any evidence of cardiac disease at all.

The question of valvular disease is an important one, and when you are dealing with conditions of acute rheumatism and acute heart disease afterwards, be very careful of the patient if when you get him up there are any signs of quickening pulse.

And, conversely, in heart cases in which the pulse is slow, excepting the condition of slowing of which I shall speak directly, you may, to a certain extent, take cheery hopes of the case.

Only yesterday I saw a case in point. Five or six years ago I saw a child with supposed congenital heart disease; there was a loud roaring bruit over the preacordial region, persistent and harsh thrill towards the apex of the left lung. As some of you have heard me say whenever you have a thrill in that region, especially with a harsh bruit, it means disease of the pulmonary artery, and on that particular ground I based my diagnosis of pulmonary stenosis, which generally goes with some opening in the septum. There was no illness at that particular time; as sometimes happens in these cases, the heart had accommodated itself and

the child did well for a time. I had not seen the child for six years until yesterday; it was supposed now to have *acquired*, as well as *congenital*, heart disease; catamenia had commenced. Also had a good deal of trouble and loss of blood, and was very anæmic. On examination of the heart there was the same loud systolic bruit as before, but no evidence of other valves wrong, and the pulse was beating regularly at 80; there was no evidence of enlargement nor was there now more than the most trifling swelling of legs. With the heart beating so quietly I think she is not suffering so much from that as from other conditions, and under iron she may improve considerably for a time. My opinion was based almost entirely on knowing what the heart was years ago, and that it had altered but little, and was beating regularly and steady; had the pulse been 120 it would have been a different matter.

With persistently rapid pulse the prognosis is much worse than with a slow one. Watch cases of exophthalmic goître; a certain proportion fail from the heart becoming more and more involved in progressive dilatation of the ventricle. With hurried action such as this the heart never gets proper rest, the general circulation is not carried on as it should be, and the muscle suffers.

Slowing.—Just as I said that a quick heart tends to produce a condition of disease, so I should like to say that it is possible, although we do not perhaps know, that a slow heart may do the same.

Some people have a normally slow heart, about 30 or 40. Now, supposing such a case comes before you, what do you think about it? Perhaps the patient comes to be passed for an insurance office; is his life as good as one with a pulse of 60? I do not hold that it is, because it seems highly probable that with a heart which beats at 40, as the muscular tissue grows old and less able to do its work, it will occasionally intermit or fail, and the failure of a beat under such circumstances must be a much more serious thing than if the pulse was of normal rate. If the heart is only beating at 40, to carry on the circulation it must do its work *well*. If it should fail and the pulse even momentarily drop from a rate of 40 to one of 20, there must be a great risk. The difficulty is that we do not know that it does so. To determine such a point we need a life-history of all such cases. I question whether a man with a slow pulse should be signed up as first class for insurance.

In changes of various kinds the pulse is likely to become slow; this is a familiar fact, and that is all that we know about it. For instance, in the case of jaundice, and less commonly in gout, the bile or uric acid circulating in the blood tends to act, perhaps, on the vagus, and so produce slowing of the pulse. Stenosis of the aortic valves tends to slow the heart. The ventricle becomes large and dilated, and the pulse drops. Possibly it is the dilatation that is the effective agent. Cerebral disease is another retarding agency.

A French writer has insisted that many of these cases of slow heart depend upon epilepsy. Dr. Broadbent doubts this, and I think his idea much more likely, as it certainly happens that a slow heart is an occasional cause of a convulsive attack.

Epilepsy, to say the most, is so seldom associated with these very slow pulses that it can hardly be counted a cause that is worth much consideration.

A slow pulse with evidence of heart trouble, angina, etc., should cause anxiety.

Intermittent pulse, again excessively common and yet not important when not accompanied by evidence of a fainting heart, occurs frequently in nervous people and has no more meaning, perhaps, than a slight laziness of the heart;

certainly, in some instances, the action becomes regular under the stimulus of exercise.

In some cases it is a habitual condition, and it is remarkable how many people have intermittent pulse and are in good health.

If there is evidence of cardiac mischief, pay attention to it. It may be present in apoplexy. I have seen several cases in which the pulse has been very intermittent, without any other evidence that the patients were getting worse, and they have soon after died. In these cases, therefore, although they may not seem irrecoverable, the intermittent pulse causes anxiety.

In acute disease the pulse may become intermittent. There is a case now in Clinical with a very marked condition of this kind. The man was admitted for double pneumonia; he has a very intermittent pulse, and it is a very great question whether he will recover; but I think he may. But the intermittency in this case may possibly be due to pericarditis, for in the early onset of this inflammation there is often an intermittent pulse.*

Irregularity is more important than intermittency of the pulse.

Irregularity is too often due to *valvular* disease or *muscular* degeneration. Of course, this is by no means always the case; instances are frequent enough with some curious neurotic condition which causes the irregularity. There is no particular reason why a circulation bred up to a habit of irregular supplies should fail. Watch a number of nervous people and you will find in some of them the pulse keeps changing about without anything at all the matter, and they may for years have an exceedingly irregular heart.

The following are points on which to base your opinion. With any evidence of cardiac failure it is serious; if there is not, it does not by any means do any harm to the patient.

This is true, whether for young neurotics or older people. In old people there is a tendency to think they are breaking up if the heart is irregular. But very often it is due to blood out of order, not having enough exercise, eating or drinking too much. Diet them and regulate their excretions, and they will get all right again.

More than that, many old people do a good day's work on a very irregular heart and are not harmed.

But irregularity is nevertheless both interesting and important with regard to the future of the patient. An irregular is not so safe as a steady heart, and though it may for many years work well, as the muscle grows the heart is likely to fail.

It is well known that irregularity of pulse is caused by tea and tobacco, and it is well to bear this in mind.

Lastly, one word on two outlying matters:—

There is a condition supposed to be due to heart failure—*namely, fainting.*

People think it is due to heart disease, a kind of syncopal affection, and, certainly, in some old people who have definite heart mischief that can be demonstrated; this may be the case, but for one such case you will get ninety-nine others who have nothing whatever the matter with the heart, but only a nervous fault of some kind. Perhaps a curious condition of the peripheral circulation, but the heart is quite sound.

People often say to you that their circulation is bad, they have cold hands or feet, or chilblains, thinking their hearts are weak.

But peripheral ischœmia has nothing to do with the centre, and is not altogether a bad thing to have, because it generally means a placid heart, low tension, and promises well for longevity.

* This patient died, and in addition to acute pneumonia solidifying the whole of the right lower lobe, the pericardium contained two pints of pus.

Cold hands and feet are not pleasant, but they are better than a thumping heart that may give one apoplexy, and this is a very fair thing to impress upon nervous people.

Præcordial pain. Again, one often sees cases of præcordial pain called angina. You may take it as an aphorism that in young people præcordial pain is of no importance, but in old people it is generally anginal. Like all aphorisms this is very superficial. But you often find young people—young women especially—complain of pain in the cardiac region, and excepting in obvious valvular disease, angina in such is a thing of no existence, and the pain may usually be remedied by diffusible stimulants and the other remedies for palpitation.

PERSONAL RECOLLECTIONS OF GUY'S IN THE FORTIES.

Dear Mr. Editor,—You have stated in many of your issues that you would be pleased to receive some accounts of old Guy's by the old Guy's men, and this emboldens me to ask you if you think some reminiscences of those long-past days would be acceptable to your readers. I enclose a specimen, and as you say you prefer that correspondents do not hide under a *nom de plume*, I will subscribe myself in the name I find in our family Bible, I cannot say in the Register, for when I was born there were no such things as Registrars' Offices, where one could be born, as at present, as well as married; and it was only by getting a copy of baptism from the clergyman that one could prove one's age approximately—a matter of great anxiety and trouble to me once, when I went in for honours at the University of London, for I had to prove myself under a certain age. I sent for the certificate to Rye, where I was born. It was due the first post, but this was not delivered till nearly 10 a.m. in those days; at 10 the examinations began. However, it arrived; I rushed off to Somerset House, where the University was then located. But I was a quarter of an hour late and breathless. I had to give my word that I had not had a sly peep at the questions outside. So I was let in, or I should have lost a gold medal and £7 10s. paid quarterly for two years, less income tax.

In those days it is clear to me that every baby should have had his name and age tattooed on his back, signed by the doctor, whereby all things could be proved and fees avoided. But let me here advise all students to get at once two or three copies of the registry of their birth, because the various examination bodies generally keep them, and when wanted in a hurry they cannot be obtained.

If you do accept the notes I am offering, I am afraid you may think them sometimes egotistical. I cannot see my way to avoid this, but after all, the impersonal gives nothing of the interest that personal does, and I may, I trust, be excused if occasionally the *ego* appears among the *dramatis personæ*.

J. BRAXTON HICKS.

I.
JOHN MORGAN.

Now, in former days, I mean up to the middle of the forties, when a student entered at Guy's, and at I think most other hospitals (and the plan obtains even now at some hospitals), if he wished to "dress" under a surgeon he put his name down in a list for that purpose; frequently the places were long before filled up under the surgeon selected, and therefore it was necessary, unless the idea of a dressership was given up, to choose a surgeon whose list was not filled. Now, I had selected Aston Key, but his list being full, my old friend, James Stocker, recommended me to put myself down under Morgan, whom he recommended equally with Key, and so I ultimately became his "dresser," and a capital time I had in consequence. For a surgeon took four dressers for the six

months; but only two entered with me. One of these never came into residence, and the other was busy book-making for the turf; and thus the whole of the work fell to me. In those days we not only paid £50 or £60 for our dressership but we had to keep ourselves in board—and many of your readers who have taken in for a week know full well that the surgical steam engine requires plenty of coal.

Now, when I had dressed for six months and had survived three weeks' starvation from the usual dresser's quinancy, Mr. Harrison, the treasurer, altered the previous arrangements, and the hospital ever after boarded and kept the dressers; and he offered to allow the dressers then in under the former plan to continue another six months free of expense. There was some little friction at that time about a few trifles, and it was felt that the dignity of the dresser was somewhat invaded by his being paid in board and residence, and fully possessed with the sense of our previous importance and value as unrivalled officers of an unrivalled hospital, my fellow-dresser, Cooper Forster, afterwards surgeon, and myself, unbent ourselves so far as to condescend, *if the treasurer wished it*, to carry on our functions for the six months, and our importance having been thus maintained, we fell heartily to work. Thus I had a year's dressership under John Morgan. I am afraid I shall be thought gossiping of self, but it is only to show that I saw a good deal of him, though not so much as I should have done if Morbus Brightii had not already begun to tell on his energy, for he was often away.

But those of your readers who have done work as dresser or obstetric resident will, I think, agree that it is not only from the surgeon one is under that one can glean information, but when in "the rooms" one can see the cases of other surgeons or hear their points discussed at table, so that I always consider the post of obstetric resident almost equal to a dressership as well, and for that matter, any surgical ward clerk who is anxious to learn, and treats his dresser with the reverence due to the office, can pick up an amazing amount of practical knowledge.

Morgan, although not at all demonstrative, was very kindly. I never saw him out of temper. He was fond of home, made attractive by his wife, who was a beautiful woman of delightful manners—a Miss Gosse, of Poole, Dorset—and by a nice family. But when I knew him he was not always able to come up to the weekly operation day, and often he would postpone the least urgent operation, and then, when able, would do a number together. I can recollect him always before operating time going into the "apothecary's shop" (now Prior's office) and take a draught of the time-honoured "J.A.," and then operate in splendid manner. As an operator I always thought him quite as good as Key, for the reason that he made no attempt at style or pose. Key was more brilliant in manner, but not more reliable. At that time, of course, rapidity was everything. The operating day was most attractive. There was a great rivalry between Key, of Guy's; Fergusson, of King's; and Liston, of University. Who could take off a leg quickest? They were all splendid operators, but rapidity has its penalties. A bladder might be wounded on the opposite side in cutting for stone; an aneurism be opened, mistaken for abscess, and the patient die on the spot; and I have had to re-open the flaps of a thigh operation more than twice, clear out a pint of clots, and tie an overlooked artery. One of these accidents occurred in a man who had borne the amputation most stolidly. Holding his hand during it, I could not feel the slightest twitch or tremor, yet when the leg was undone in the night, he cried out like a child. There can be no doubt but that by "making up one's mind" or "steeling one's nerves," (whatever that might mean) the acuteness of pain is lessened.

Up to the middle of the forties fracture of the thigh was treated by the "double inclined plane," but at this time was introduced the "long straight." Morgan had not then reconciled himself to it and preferred the former. One day a fractured thigh came in. Of course I put the leg up in the "long." The man was naturally fidgetty, but I thought I "put him up" nicely. But my pride was wounded sadly when I was told to put him on the "double inclined." This disturbed the patient, and he did not reconcile himself to the change. However, the time came for its removal; I dreaded it, for I knew the leg was two inches shorter than it should have been. But when he stood up we were surprised to find both legs the same length. This was explained by his informing us that he had fractured the other some years since, and that he limped in his walk before the recent accident. By the two treatments he was lowered two inches; but his limping was cured. Thus were our minds relieved of visions of actions for damages for malapraxis.

And this calls to mind another "double inclined," whose leg I had spent two hours over, and put it up wonderfully. As I was leaving Accident ward he shouted out, "Thank ye for nothing, and bad luck to ye, docther." Well, one's position on a "double inclined" is not the most pleasing or æsthetic.

Once, in making a flap, Morgan brought the point of his two-edged knife between two of my fingers, without, however, any serious results, only a scar visible even now. To those who have seen major surgery without chloroform, the same procedure under anæsthetics seems dilatory, though much safer.

During my dressership the case, now historical, came in where fractured base produced symptoms of opium poisoning. It may be found in the Guy's Hospital Reports.

ACKNOWLEDGMENTS.

The "Corpuscle," the "Hospital," the "Philanthropist," "Food, Drugs, and Drink."

RULES AND ORDERS

TO BE OBSERVED BY EVERY PATIENT IN THE HOSPITAL FOUNDED BY

THOMAS GUY ESQ.

I.

All Patients admitted by the Governors, muſt, before they be received into the Ward, be clean from Vermin, and furniſhed with a Change of Body-Linen, Stockings, Neck-cloth, Stock, or Handkerchief, and to pay to the Siſter Two Shillings and Nine-pence, for two towels, a Tin pot, a Knife, a Spoon, an Earthen Plate, and five Pairs of Sheets; and if any Part of the Number of Sheets is not expended during their Continuance, the Siſter ſhall return Three-pence per Pair; and if any more is uſed, they ſhall pay Three-pence per Pair: But any perſon having the Itch, or having been Patients and miſbehaved, or whoſe Securities refuſe to find them clean Linen, &c., notwithſtanding their being admitted by the Governors, ſhall be brought to the Steward to be diſcharged.

II.

They are thankfully to acknowledge the Goodneſs of God, in providing ſo comfortable a Situation, Care, Medicine, and Skill, while under the afflicting Hand of God, and behave themſelves ſoberly and religiouſly as becometh Chriſtians, addreſſing themſelves Morning and Evening to God by Prayer, imploring Pardon of their Sins through the Merits of Chriſt, and a Bleſſing on the Means of their Recovery.

III.

Such Patients as are able muſt, every Afternoon on the Ringing of the Chapel-Bell, attend Divine Service there, and behave themſelves with Decency, Attention, and Devotion. Likewiſe on Sundays, both Morning and Afternoon, in a ſober and orderly Manner.

IV.

On Sunday Evening, between the Hours of Six and Eight in the Winter, and Seven and Nine in the Summer, ſome ſober Perſon in each Ward, appointed by the Siſter, ſhall, at the Deſk, with an audible Voice, diſtinctly read two Chapters, one in the Old Teſtament, and one in the New and every Evening, ſome Perſon ſhall, at the Deſk read the Prayers appointed, and all Patients that are able, ſhall attend at the Deſk, and behave with Decency and Devotion on Sunday. Likewiſe at the ſame time read a Section out of the Duty of Man, or the Practice of Piety, and ſhall ſing a Pſalm, To all which religious Obſervations, every Patient ſhall attend with decent Behaviour; but if any Perſon ſhall be obſerved to mock or ſcoff at theſe, or any other religious Directions, ſuch Perſons ſhall be immediately diſcharged.

V.

If any Patient curſe or ſwear, or uſe any prophane or lewd Talking, and it be proved on them by two Witneſſes, ſuch Patient ſhall, for the firſt Offence, loſe their next Day's Diet, and for the ſecond Offence loſe two Days' Diet, and the third be diſcharged.

VI.

Each Patient is to keep ſtrictly to the Rules preſcribed by the Doctors and Surgeons, and if any neglect their Directions they are to be diſcharged.

VII.

All Patients that are able muſt, on Tueſdays, attend the Doctors at their Books in the Doctor's Room; and on Saturday they are to wait at their reſpective Beds, at the time the Doctors viſit their Wards, and if at theſe times they abſent themſelves (except Leave be given them) they are to be diſcharged.

VIII.

They are to attend the Apothecary for their Medicines at his time of ſerving; in Caſe of Neglect they forfeit their next Day's Diet.

IX.

If any Patient that is able neglect or refuſe to aſſiſt their fellow-Patients that are weak, or confined to their Beds, or to aſſiſt when called on by the Siſter, Nurſe, or Watch, in cleaning the Ward, helping down with their Stools, fetching Coals, or any other neceſſary Buſineſs relating to their Ward, or ſhall abſent themſelves at the time they know ſuch Buſineſs muſt be done, they ſhall, for the firſt Offence, forfeit their next Day's Diet; and for the ſecond Offence, and perſiſting therein, they ſhall be diſcharged.

X.

The Apothecary having at any Time Occaſion for Aſſiſtance in preparing Medicines, and ſending for any able Patient for that Purpoſe if any ſhall refuſe or neglect giving their Attendance at ſuch Times they are to be diſcharged.

XI.

The Women Patients are to clean, duſt, and ſweep the Chapel at leaſt once every Week, each Ward taking their Turn; but in Caſe of Neglect or Refuſal, when called thereto by the Clerk to forfeit their next Day's Diet.

XII.

Every Patient that is able ſhall, after a bleſſing is craved, ſit down and eat their Dinner at Table in a modeſt and orderly Manner, the Siſter and Nurſe carving for them; and no Patient to move from Table till Thanks be returned to God; and alſo their Supper, at Six o'clock in the Winter, and Seven in the Summer; and if any Patient be abſent at ſuch Times without Leave, ſuch Patient ſhall forfeit that Meal. Thoſe Patients who are confined to their Beds are to be attended by the Nurſe with their ſtated Meals.

XIII.

If any Patient be found ſtrolling about the Streets, or frequenting Publick-Houſes, or Brandy Shops, they forfeit their next Day's Diet.

XIV.

If any Patient do privately bring into this Hofpital any Spirituous Liquors, fuch as are not allowed by the Doctors or Surgeons, or fetch fuch Liquors for any other Patient, both the Patient bringing, and the Patient fending, are to be difcharged.

XV.

If any Patient do fend or pawn, or fell any of their wearing Apparrel, the Pawner, the Meffenger, the Seller, and the Buyer are to be difcharged.

XVI.

If any Patient be out of their Bed after Eight o'Clock at Night, during the Winter Half-year, or after Nine during the Summer Half-year, they forfeit the next Day's Allowance.

XVII.

If any Patient absent themfelves from the Hofpital for one Hour in the Day-time (without leave from the Sifter) or be abfent from their Bed at Five o'Clock in the Evening in the Winter, and Six o'Clock in the Summer, they forfeit their next Day's Allowance; But if they be wanting all Night, without leave from the Steward, or, in his Abfence, from the Matron, they are to be difcharged, except fome extraordinary Neceffity was the Caufe, which the Steward is to determine.

XVIII.

If any Patient be found fmoaking Tobacco in Bed, or in the Ward, they are to be difcharged.

XIX.

If any Patient be found gaming in this Hofpital they are to be difcharged.

XX.

Every Patient, after having affifted in the neceffary Bufinefs of the Ward, fhall in the Morning wafh, clean, and drefs themfelves; the Men Patients to be fhaved at leaft once a Week, and each to have clean Linen on every Sunday.

XXI.

All Patients are Punctually to obferve and keep good Order in their Wards, conforming themfelves to the Direction of the Sifter and Nurfe; but if any fhall give ill Language, or offer any lewd or indecent behaviour, to any Sifter, Nurfe, or Watch, in this Hospital, they are to be difcharged.

XXII.

If any Patient be found guilty of any Indecency, or commit any Nuifance they fhall lofe their next Day's Diet.

XXIII.

If any Patient in this Hofpital do find themfelves neglected, or ill-ufed by any Sifter, Nurfe, or Watch, they fhall acquaint the Steward therewith, who fhall carefully inform himfelf of the Matter, and fee that Juftice be done them.

XXIV.

Every Thurfday Morning, between the Hours of Eight and Ten o'Clock, fome one Patient in each Ward (who fhall be appointed by the Sifter) fhall call together the reft of the Patients in their Ward, (efpecially fuch as were admitted the Day before) and audibly and diftinctly read over the foregoing Rules and Orders, that none may pretend Ignorance of them; and fuch Patients as fhall then be abfent themfelves (unlefs Leave be given) Shall, for fuch neglect, forfeit their Thurfday's Twopence.

Any Patients defirous of being more particularly informed how they are expected to conduct themfelves, may, by applying to the Sifter of the Ward, have a fmall Book given to them, containing many ufeful Inftructions, Prayers &c.

WEST AFRICAN NOTES.

By A. R. F. Evershed, L.R.C.P., M.R.C.S.

Being compelled to flee from the London fogs during October, November, and December, we accepted an appointment as Surgeon on board a West African steamer, sailing from Hamburg; much to the surprise of some kind friends who could hardly understand going to Hamburg and the West Coast of Africa for health purposes, and prognosticated dire results therefrom. However the chance of seeing some cases of cholera at Hamburg, and obtaining experience of malarial fever, appeared to us to be worth our while to make the venture. So about the middle of September we started, and how we got on, and what we saw and heard during the three months we will endeavour to set forth herein.

On arriving at Hamburg we found that attendance at the Hospital would cause ostracism on board, so had to give up the idea of any cholera experience (as we had thought), spending the days previous to sailing in exploring Hamburg, becoming accustomed to life on board, overhauling the drug supply, etc.

The day before we sailed some excitement arose when it was discovered that one of the black deck passengers, by name Cæsar, was sick, or as his companions said "his belly sick, him fit to die," and, on examination, for once the black was found to be right in his "cry of wolf." Poor Cæsar was pulseless, collapsed, covered with large beads of icy-cold perspiration, our thermometer, which recorded 95°F., was unaffected by his surface temperature, and his face of indescribable hue—certainly it would never have been thought human skin (though it was black) could assume such a colour. Briefly, the symptoms can be summed up in the one word, cholera; and to make matters worse, the victim had unfortunately, in addition to covering his own mat and blanket with rice-water evacuations, also deposited the excreta about the hold in which he and his companions slept. After a visit from the Port Medical Authority and

the diagnosis being confirmed, Cæsar was removed to the Hospital, and the ship duly disinfected.* In connection with this case we noted (1.) That one grain of powdered opium in rum at once relieved the abdominal symptoms, and produced sleep for some hours. (2.) Cæsar had been ill with diarrhœa 24 hours before it was found out, and his evacuations passed direct into the Elbe, from which river a large number of people, occupying the barges, etc., derived their water supply; and it was difficult on all the ships to get cases of diarrhœa reported at once; for those cases reported to the surgeons ran the chance of being taken to the hospital, from whence it was believed, by the crews and others, the return journey was seldom made. (3.) That the illness was probably contracted from drinking some one of the villainous concoctions sold on board the bumboats, which ply all day about the harbour.

With reference to the Cholera epidemic, it appeared to us not to be at all surprising, for even anyone walking through the streets would notice certain sanitary defects, the worst being the short and narrow canals running between the houses,in which canals the water was almost stagnant, and where the water was at all low one could, here and there, see the open mouths of house-drains. Again, the closets and other conveniences attached to first-class hotels would have been considered a disgrace to similar, or even inferior, hotels in London. It also seemed that many cases where what are best described as "Cognac Cholera," for the consumption of cognac was so great, that it was impossible to supply the genuine article, and cognac was generally indulged in as a supposed prophylactic.

Though at Hamburg for a week during the height of the epidemic, we cannot say we observed the harrowing pictures so alarmingly described in the English papers. Certainly there were less women and children about, yet all the shops were open, trams, etc., running as usual, and to call it a "City of the Dead" seemed too far-fetched.

Owing to the quarantine restrictions, after coaling at Dartmouth, we made a fast and direct run to Sierra Leone. Here we were told that we should have 21 days' quarantine before being permitted to communicate with the shore; so, thanking the authorities for their information, we up anchor and headed for Monrovia, the capital of Liberia. This republic is occupied and governed by the descendants of the freed slaves from America, and even now it is amusing to hear the nasal twang in their speech and would-be free and easy manners. Their country is advantageously situated and very productive, but the government is weak, unable to make sufficient use of its resources, and powerless to keep in order the neighbouring Kroomen, who are supposed to be under their rule.

We called at Monrovia to obtain Kroomen to work the cargo and surf boats at the various trading places, but were refused pratique unless we underwent five days' quarantine. This we objected to, so set off for Grand Sesters, one of the Kroo towns; here there was great excitement on our anchoring off the shore, numerous canoes (hollowed out of trees by cutting tools, fire not being used) put off from the native town, each containing one or more occupants, with various costumes, the most noticeable feature being the great variety in headgear, and but little else on the other parts of the body; we observed old police helmets and European straw hats of great antiquity were much favoured. A head man, in a nude condition, came aboard, after unwrapping from his head his loin cloth and making himself presentable, he "palavered" with the captain; the presents or "dash" (as a preliminary to opening negotiations with the native chiefs) consisting of rice and salt pork, were then given him, and he returned to shore, promising we should have as many "boys" as we wanted; however, after the lapse of some hours, he reappeared and announced that he and one other would come, but owing to the rumour having reached the town that we were a "sick ship," no others would venture.

We then tried Rocktown, where the same preliminary stages were gone through, resulting in our procuring the necessary number of Kroomen.

These Kroomen, inhabiting a tract of country between Cape Mount and Cape Palmas, are a more intelligent class than the usual negro, and form the servants of the white men on the coast, assisting at the factories, and on board the ships; they are taller than the other blacks, and with remarkably well-developed arm and body muscles, but generally their legs are weak and appear out of proportion—many were unmistakably bow-legged; above 40 years they become pot-bellied, and their gait is unsteady when carrying any load. A small quantity of hair on the face is not uncommon, and where it is well marked is considered a great acquisition; the distinguishing mark of a Krooman is a broad arrow, extending from the middle of the nose up the forehead, with the point directed towards the hair, tattooed with gunpowder; those between the ages of 15 and 40 years are accustomed to leave their country to work, their time of service being at the factories one year, and on the ships for the trip; on board they receive pay according to their rank, from one shilling and 1½lbs of rice to two shillings per day; at the factories the pay is chiefly in goods. Each party of "boys" is accompanied by one or more head men, who are responsible for their good behaviour, and administer the necessary punishment in case it is needed.

Their social economy is interesting: the men possessing means are head men, above these are chiefs, and above all is one superior chief, who has, however, only limited power. Though better acquainted, through having mixed more with the white man than any other West African tribe, they still keep to their old customs and habits; polygamy being general, witchcraft and fetishism their religion; theft is no crime, but *when* detected may be punished by a whipping; adultery by a fine, and murder by death or fine (this is the more common punishment).

(To be continued.)

* On our return we heard the patient died the next day.

Passim.

We have lost the Cup; but we played the game. An ancient Guyite remarked, after dinner on Thursday night: "I have seen twenty cup-ties, but this was the best of them;" and most of those who were at Richmond would agree that they never saw a better. The stubborn up-hill fight in the first half, and the splendid three-quarter dash in the second were things worth living for. Defeat was sweetened largely: we were beaten by a better team; while, on the other hand, no one can say that we had an atom of the luck all through. In our next issue we hope to do justice to the individual play.

Meanwhile, the problem is: How in the future are we to get more weight forward? There are certain heavy members of the Junior Staff who are thinking of paying their Hospital fees over again, and becoming once more first year's men; while the Dean is almost persuaded to advertise free education for heavy weights who play forward. Why not?—the matter is serious.

"Any fifteen medical students knowing aught of the game and in the condition they should have been in for such an encounter ought to have been able to stop their opponents at least a few times when they got the ball; but here, one would think, it must have been almost a constant procession through unresisting opponents." The above cutting from an evening contemporary with reference to the *match* Guy's *v.* King's, speaks for itself.

We publish to-day a letter, signed "G. P.," on a point of some importance. There is no doubt too great a tendency among men at hospitals to scoff, and that before patients, at diagnoses made outside; the wisdom of the scoffers being mostly some ten minutes' old. But it must be recognised that there is something to say on the other side. General practitioners, in their anxiety to get their patients taken in, are very apt to make tall statements in writing which they would find it hard to justify in person. The following case, which is authentic and occurred quite recently, is but a sample of what often happens. A patient came up in a cab, wrapped in blankets, and bearing the following signed statement: "I certify that this patient is in my opinion suffering from peritonitis, due to perforation of a gastric ulcer." She was, of course, immediately admitted; but was found to have a perfectly normal pulse, but little pain, and the history of gastric ulcer was, to say the least, extremely doubtful. The girl had entirely lost her slight abdominal symptoms in twenty-four hours. She was a domestic servant whose mistress probably did *not* care to have an invalid in the house—*verb. sap. sat.* Still, our correspondent has some truth on his side, and we trust his letter will do good.

Our sincere thanks are due to Dr. Braxton Hicks for the interesting reminiscences which he allows us to publish to-day, and for the kindly way in which he has acted up to the spirit of our oft-repeated invitation to old Guy's men, not only in writing for us, but in writing over his own signature. The present article is, we are glad to say, only the first of a series which he promises us.

In another column will be found a list of the rules of admission to Guy's Hospital in the old days, the quaintness of which will be sure to amuse our readers. They were unearthed by Dr. Perry, who kindly handed them over to us. The actual date is uncertain, but they certainly belong to the last century. The last paragraph of all was added subsequently to the printing of the rest. Conceive of a patient, after having listened attentively (for the better assurance

of his "Thursday's twopence") to each of the four-and-twenty sermons set forth; being yet "desirous" of being "more particularly informed" of what was expected of him! What moral Oliver Twist could possibly have asked for "more?"

PRINTED pages are painfully inelastic. We have had to leave unreported two meetings of the Physical Society, and an excellent Smoking Concert, one of the best of the series. Of the former, one was a Clinical Evening, productive of capital cases; and another the occasion of a most interesting paper, read by Mr. H. M. Stewart, on "Occupations and Disease." At the Smoker, Dr. Horrocks was present, and was an enthusiastic auditor. Mr. Minshull, of the Gaiety Company, delighted everybody, and we are glad to hear that he has most kindly consented to appear again at the next Concert on the 25th instant.

EVERY one at Guy's has felt profound regret at the sad death of Mr. Hillier Green, and all will join with us in expressing sincere sympathy with his relatives and friends. Mr. Green was a most able student and a hard worker, and gave promise of a brilliant career.

THE General Meeting of the Students' Club will take place on the 17th inst. Then is the time for members to look after their own interests.

CALENDAR OF COMING EVENTS.

Mar. 15.—Final Conjoint Schedules to be left at Medical Office.
,, 15—Examination for Arthur Durham Dissection Prizes.
,, 18.—Meeting of Physical Society. Treasurer's Prize Essay.
,, 18—1st XI. v. West Herts Club and Ground, at Watford.
,, 18—2nd XI. v. Old Yverdonians, at Blackheath.
,, 20.—Examination for Michael Harris and Beaney Prizes.
,, 21.—Dental Prize Competition, First Year's Students
,, 22.— Do. do. Second do.
,, 22—Examination for Golding-Bird Prize.
,, 25.—Lectures cease.
,, 25—Smoking Concert.

TESTIMONIAL TO MR. MURRAY.

A meeting of the Dental Staff was held at the house of Mr. Newland-Pedley, on the afternoon of Thursday, February 23rd, to present Mr. Murray with a binocular telescope, suitably engraved, on the occasion of his resignation of the post of Assistant Dental Surgeon to Guy's Hospital.

Mr. Newland-Pedley alluded to Mr. Murray's impending departure for Santiago, and to the regret with which his colleagues and friends bade him good-bye, but he said the occasion was not one for tears and sorrow, because Mr. Murray was likely to have a most enjoyable change. There is a period in the life-history of nearly every man when there comes a craving to travel, to emigrate and to possess land; and sometimes it is an almost irresistible feeling little short of the gold-digger's craze. The chairman said he had suffered from it himself, not in America but in the Antipodes, and for a time it is most enjoyable. There is nothing more delightful than to break away from all the trammels of civilization and to live for a while in a hot climate, dressed simply in a flannel shirt, an old pair of trousers and a straw hat; relying chiefly on the gun and fishing line for food, roasting the fish as you catch them, on the rocks; dozing in the shade during the noon-day heat, lying out at night after the wily black swan, and in spare moments brewing from wild honey the somewhat intoxicating mead. But the mosquitoes and snakes are a drawback, and one is glad to get back to town were it only for the sake of a little better cooking. I hope there are no mosquitoes, snakes, and bad characters where Mr. Murray is going, but we are presenting him with this telescope as a safeguard against the snakes, and the students have given him a repeating rifle with which, I trust, he will promptly shoot any bad characters in his neighbourhood. When all is quiet and settled in his district, I hope he will invite his old colleagues to come and see him, for he will be within reach of an autumn holiday, and we can take him the last number of the GUY'S HOSPITAL GAZETTE, the agenda notices of the last Dental committee meeting, and other thrilling items of intelligence. If I go to Santiago, I shall get Mr. Murray to look through this telescope, and point out to him the White Cliffs of Albion and the tower on the top of the new School Building. Then, if he has had enough holiday, he will return to town and take up his position amongst his friends; and I am sure that I may say in your name, that we shall at any time be most happy to welcome him back again.

Mr. Murray acknowledged with warm thanks the present of his colleagues, and said that no words could convey the pleasure with which he received the good wishes and kind feeling that had been expressed. He alluded to his connection with the Dental School since the time of its foundation, and to its rapid growth; predicting for it the brightest of destinies. He added that, should he return to England, the wish dearest to

his heart would be that he might again be of some service to the Dental School of Guy's Hospital.

Mr. Murray left England on February 25th, and purposed making a brief stay in New York, whence he would reach Santiago in about a fortnight. His intention is to purchase a fruit-farm.

NOTES FROM DR. SHAW'S DEMONSTRATIONS IN PATHOLOGY.

The Intestine.

Growths of the Intestines.

a. Benign Polypi occur in any part, duodenum (3892), ileum (3893), colon (3895, 3896). They are not known to produce any symptoms, but they may be the cause of an intussusception. In 3895 there are multiple little thread-like polypi in the colon.

b. Malignant. *Histologically considered*, these are:

1. Carcinoma, spheroidal-celled (3917), or cylindrical-celled (3913). Not uncommonly colloid (3918).
2. Sarcoma (3932). This also may undergo colloid degeneration.
3. Lymphadenoma (3929).

With regard to situation, it may be said that sarcoma is equally rare in all parts, lymphadenoma equally common in all parts, and that carcinoma rarely affects the small intestine, and in the large is more often found in the neighbourhood of the cæcum than elsewhere.

Wherever situated dissemination of the disease is unusual, nor does a prominently projecting tumour by its projection obstruct the channel of the gut.

To the naked eye the main feature of the disease may be—

1. General infiltration; sarcoma (3931), lymphadenoma (3924).
2. Tumour. Lymphadenomatous projection as big as half a Tangerine orange (3926), carcinomatous projection as big as half a large orange (3914), sarcoma (3933), sarcomatous polypi (3934).
3. Stricture. Carcinoma alone of the three forms will cause this (3905); in 3922 there is a double stricture.
4. Ulceration (3915, 3916). This may lead to perforation into the peritoneal cavity (3923), though this is generally prevented from setting up general peritonitis by adhesions, or another part of the intestine may be opened, *e.g.*, the ileum by growth in cæcum (3912), or the stomach (3910); or the skin may be ulcerated through and a fistula established (3913).

The intestines may be invaded from without by suppurative peritonitis (3935), or by a caseating gland (3936), or by a hydatid cyst in the liver (3940).

The Cæcal Appendix.

a. Inflammatory conditions. The old distinction that used to be made between typhlitis and perityphlitis has now been abandoned; both being traced to a common cause have been given a common name, appendicitis.

1. *Ulceration.* In the great majority of cases this is due to a foreign body, and that foreign body is a fæcal concretion. It was, however, a pin in 1894[12]. It used to be supposed that cherry stones were amongst the commonest causes; possibly fæcal concretions were mistaken for cherry stones, as they well might be by a prejudiced observer.

It may be tuberculous (3950), and repeated attacks of pain in the cæcal region are not unfrequently observed in the course of phthisis. It may be affected in typhoid fever (3951).

2. *Perforation* (3953; and tuberculous, 3954). This may result in acute general suppurative peritonitis (3954); or, owing to adhesions having formed round the perforation, in a localized abscess (3956). Similarly by adhesions the ulceration may open another part of the bowel, *e.g.*, rectum (3957).

As a result of inflammatory conditions the whole appendix may by good fortune be entirely obliterated (3958), or its opening may be closed and the tube behind be dilated by its secretions into a cylindrical tumour (3960). Such a condition may be congenital (3962). Or, again, by adhesions to other organs the appendix forms a band that may cause strangulation (744).

b. Growth. Lymphadenoma commonly affects this part no less than the rest of the intestinal tract (3964, 3965).

Intestinal Obstruction.

A. May be due to conditions within the channel of the intestine:

Masses swallowed will not often be large enough to cause obstruction, but owing to their shape they may.

A piece of bone (1894[75A]). A knife blade (1894[75]). A collection of pebbles (1894[85]).

Masses formed in situ, consisting of, *e.g.*, oatmeal (1893). Phosphate of lime (1893[25]). Phosphate and carbonate of magnesia (1893[30]), salts forming what are called intestinal calculi: or again, wool and hair, as swallowed by lunatics: or rarely masses of fat, that owing to biliary obstruction cannot be absorbed.

Gall stones big enough to cause intestinal obstruction may form in the gall bladder and ulcerate through into the duodenum; if so, they generally stick in the ileum: but fatal obstruction was once caused by one that stuck in the rectum just within the anus (1986[77], 1986[55]).

B. Intestinal obstruction may be caused by pathological conditions of the wall of the intestine: there are—

1. *Intussusception.*

The Anatomy of Intussusception.

The specimens show the thin nearly normal receiving layer; the œdematous entering and returning layers, in which the vessels are obstructed by compression at the entering angle; the slit-like opening near the apex drawn away to one side by

traction of the mesentery (1849[82]). The œdema of the entering and returning layers is most marked in the solitary and agminated glands: on their serous surfaces is lymph which may be thrown out very freely here, and sometimes is hæmorrhagic (1849). On the serous surface of the receiving layer there may be a little lymph, and rarely there is severe peritonitis (1849[10]), which may even be fatal.

The termination of intussusception is rarely spontaneous reduction; after reduction by the surgeon, the œdematous condition of the wall and glands is seen in 1847. If the cure is spontaneous it is by sloughing of the entering and returning layers at the entering angle when the sloughed-off cylinder will be passed (1875, 1848).

The Causes of Intussusception.

Many cases cannot be explained (1851). Probably there is some local over-action or paralysis of a segment of bowel, due perhaps to irritating particles in the contents; for these cases are commoner in children who have not reached the years of discretion in diet, and a parallel may be found in the post-mortem intussusceptions seen in cases of lead colic. Anatomical explanations are forthcoming when the ileocæcal valve is the seat of intussusception (1849[16]), or a polypus (1849[18], 1819[95]), or what acts exactly like a polypus, a diverticulum invaginated into the intestine (1819[45]) (this specimen is unique); or again, when there is a malignant growth to act as the starting point (1875[5], 1849[17]) and chronic intussusception is very rare except in this form.

The Varieties of Intussusception that are found are:—

1. The simple form described above, which may start in the jejunum (1849[18]), (set up by a polypus), or in the ileum (1849[32]); such an intussusception starting in the ileum may be passed on into the colon and is then called ileocolic 1849[20]); those that start at the ileocæcal valve are called ileocæcal (1849[16]). In 1849[17] the starting point is a growth in the colon.

2. Multiple intussusceptions (1850).

3. A double intussusception is sometimes caused when, probably after an interval, the first intussusception with its receiving layer is itself intussuscepted by the gut lower down, so that a cross section, instead of presenting three concentric layers of intestinal wall, presents five (1875[3]).

4. Retrograde intussusceptions in which the intussuscepted layers are passed on towards the stomach, are supposed to occur only in articulo mortis. In 1851[42] there are three intussusceptions, two in one division, one in the other.

5. Post-mortem intussusceptions are found, and are often multiple, show no signs of inflammation, and give no symptoms.

2. *Strictures.*

1. Cicatricial—after dysenteric or simple ulcers of colon (3843, 3844)—such conditions are not easy to distinguish from malignant growth, or after tuberculous ulceration (3863), such strictures being often multiple (3865). But intestinal obstruction in tuberculous patients is more often caused by adhesions than old ulcers.

2. Malignant (3906,3921). Double (3922).

3. Congenital (3778), as in the duodenum.

3. *Contractions.*

Any condition in which the mesentery may be made to contract and draw on intestine, which is fixed by adhesions, will cause contractions of the intestine. Such are inflammatory and tuberculous affections of the mesentery (1819[60],1846[42]), and cancerous deposit in the mesentery (1845[56]).

4. *Kinking.*

For this two conditions are necessary: the gradual formation of adhesions limiting the mobility of the intestines in such a way as to make it then possible for a loop of loaded intestine by a sudden movement to become acutely kinked (1846[20]); — the gradual process and the sudden movement.

5. *Volvulus* (1852[10], 887). This condition is not well illustrated by spirit specimens.

C. Lastly, intestinal obstruction may be caused by pathological conditions arising outside the bowel.

1. *Strangulation by bands* is effected either by anatomical structures [the fallopian tube (2444), the cæcal appendix (744), the diverticulum of the ileum (2487[20])] which become adherent to fixed points in the abdominal cavity, or by bands that are entirely of an inflammatory origin (1852[5]). These are especially common in the female pelvis. A loop of bowel getting between the band and the wall is passed on by its own movements, till so much has passed as to cause strangulation of the circulation.

2. *Internal herniæ*, either diaphragmatic (1852[50]) or through a hole in the mesentery; or through some normal opening such as the foramen of Winslow, or retro-jejunal pouch.

3. *Pressure of Tumours* (1819[70]). But it is very rare for tumours to get any grip on the mobile intestines.

GUY'S HOSPITAL DENTAL DEPARTMENT.

Practice during February, 1893.

Gold Fillings	... ...	284
Amalgam ,,	... ...	219
Osteo ,,	... ...	
Perm. G.P. ,,	... ...	176
Temp. G.P. ,,	... ...	
Artificial Crowns	... ...	35
Scalings	... ...	12
Dressings	... ...	57
Attendances for Mechanical Appliances	... ...	23
,, Extractions under Anæsthetics	...	466
,, ,, without ,,	...	510
Advice	... ...	35
Total	... ...	1817

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—As an old Guy's man, perhaps a few lines from me will not be out of place, addressed in quite a friendly spirit to those gentlemen at present in the Hospital, and who will also one day become old Guy's men. I wish, Sir, to bring forward a grievance that we, now in practice, have against the younger generation within your walls. These young gentlemen will find on being qualified that there are certain rules of etiquette with which they will have to conform, and without which the medical profession would degenerate into a very sorry commerce; they cannot too soon take heed of these rules, both for their own sakes and for ours. I therefore wish to point out to them that it is perfectly monstrous for ward clerks to ridicule, *as I have heard them do*, the diagnosis or treatment of some unfortunate practitioner, who has sent up a patient to the hospital and who is not present to defend himself. But I must not stop my inditancy at the ward clerks, for the dresser is in this respect equally lacking in tact and manners, seeming to regard it as a fine thing to pooh! pooh! the remarks tendered by a patient from his private doctor. These authorities of the surgery should remember that we are not in the same position as they are, not only as regards smartness and knowledge, but also as regards the patient, the liberty he allows us, and the facility he gives us for examination. The precincts of a hospital inspire a patient with more confidence than we poor folks can ever obtain. Neither have we the students' facility for consultation with specialists (word odious at Guy's), of great experience in matters surgical or medical. The truth and force of my remarks will soon enough be brought home to our smart gentlemen directly they get into practice, when they will no doubt feel repentant for their former lack of charity.

I in no wise wish to reflect on the students as a body, but many instances of what I have stated must be so obvious to us all that I have thought it my duty to pen this letter, hoping that my suggestion of a little more courtesy to us in practice may thereby be obtained.

Scarcely hoping the matter would be taken up by the hospital authorities, nevertheless I trust the better-minded students will try and influence their cruder colleagues should such cases come under their notice, both for the sake of us all and for the sake of our dear old hospital.—Yours faithfully,

G.P.

Dear Sir,—Will you allow us to make a few additions to and corrections of your report of the last meeting of the Debating Society.

The members and visitors present numbered over 200, and included Dr. Pavy, Dr. and Mrs. Stevenson, Mrs. Dr. Stanley Boyd, Miss Heaton, the Matron, several of the Sisters, Dr. and Mrs. Shaw, Mr. and Mrs. Tubby, Mr. Golding-Bird, Dr. Washbourn, Mr. Frith, Rev. Mr. Bowden, Dr. Bryant, Mr. Gill, Dr. Fawcett, and a large number of the Students from the London School of Medicine for Women.

Your reporter suggests that seats might have been found for the members of the Staff who were so kind as to be present. As far as we know only one member of the Staff remained standing, and that was of his own free choice, for he was offered a seat on the front bench, a seat which actually remained unoccupied throughout the whole meeting, but declined it.

He also insinuates that we appropriated one of the nights which really belonged to a smoking concert—this is perfectly erroneous. We simply, by arrangement with the Residents, changed nights. We think the author of the report might have taken the trouble to inform himself of the facts of the case.

You yourself, Mr. Editor, also made a slight mistake, in your notice under "Passim." The invitations sent to the ladies contained the following sentence: "We should be pleased to hear your views on the subject on that occasion"—in our opinion a distinct invitation to speak. With apologies for troubling you,—We are, dear Sir, yours truly,

LEONARD A. PARRY,
WALTER C. C. PAKES,
Hon. Secs.

A CASE OF OCCLUSION OF VAGINA.

M.M., æt. 22, a strong healthy-looking woman, was admitted into the Essex and Colchester Hospital, November 17th, 1892, for amenorrhœa. She gave the following history—Was confined with first child two years ago. Was attended by a midwife, and had rather a quick and easy confinement. Was able to get up a week afterwards. Suckled the child for about twelve months. Menstruated, for first time after confinement, about fourteen months ago, and again a month after that, but since then has seen nothing. Has had no vaginal discharge or any illness since then. For last few months has had considerable pain of a griping nature in lower part of abdomen; this is worse at the time when she should menstruate.

On examination—Breasts small; no milk. Palpation of abdomen revealed very little, as abdominal wall was held so tight, but there seemed to be some fulness above pubes.

V.E.—The examining finger could not be inserted into the vagina more than an inch, the anterior and posterior walls being firmly fixed together by very hard tissue.

Per rectum.—A fluctuating swelling could be felt in position of the upper part of the vagina, and the uterus was found enlarged and tender.

On December 28th, with the patient under ether, a large trocar was pushed straight through the upper part of the vagina into the fluctuating mass above, and about half a pint of treacly-looking fluid came away. The opening was then enlarged laterally, and the whole

vagina washed out with perchloride of mercury lotion. A large firm tube was then put in and plugged round with strips of lint soaked with glycerine and iodoform. During the next twenty-four hours several ounces of the same kind of fluid came away by the tube. The vagina was re-plugged, and washed out night and morning until December 28th, when a Sim's glass dilation was introduced and worn for two hours night and morning. The uterus was then in its normal position, and sound passed 2½ inches, but the walls of the vagina were very hard and inelastic and soon contracted if left long without being dilated. Menstruation appeared for the first time on January 8th, lasted three days, and caused very little pain or disturbance. She left the hospital on January 30th with instructions to wear the glass dilator for half an hour every night and morning until seen again. At present she has not been up to the hospital since her discharge.

Remarks.—It is difficult, from the history I was able to get from the patient, to determine the cause of the vaginal occlusion.

The two most common causes of acquired vaginal atresia seem to be sloughing of the vaginal walls after a long labour and ulceration due to venerial or other illness. The former seems negatived in this case by the absence of history of any undue discharge after parturition and the fact that she menstruated twice, the first time ten months after her confinement. The latter is, I think, the more likely cause, although with the exception of a single scar on the right labia, I could find nothing to lead me to suspect venerial trouble.

WM. F. A. CLOWES.

Essex and Colchester Hospital.

A CASE OF HÆMOPHILIA.

Ezra C., aged 24, a groom, admitted into the York County Hospital, November 5th, 1892. Patient came to the hospital with the following letter, from Dr. C. E :—"He is one of a family of bleeders; he cut his hand about fourteen days ago, and the wound then bled profusely, but the bleeding was stopped by strapping. An abscess subsequently formed at the site of the wound, which burst five days ago, and the bleeding then recommenced in spite of the ordinary methods of treatment—pressure, ferra perchlor., etc. I have not thought it advisable to remove the clot from the abscess cavity lest more extensive bleeding be provoked."

Patient's father and his predecessors were healthy. One brother died from concussion or compression of the brain, the result of an accident. Two of the patient's brothers bled; a fourth brother does not bleed more than he ought to do—this son is the middle one. Patient has three sisters who also show no evidence of the hæmorrhagic diathesis. Patient's mother had two brothers, both of whom were bleeders. One died from uncontrollable hæmorrhage from a scalp wound. There is evidence of bleeding in the mother's family through her mother for over 100 years.

Patient was in the hospital five or six years ago with hæmaturosis of the knee, the result of a fall; went out after six weeks, but returned again with a relapse; had the knee aspirated, went out, and returned a third time, and got it cured by an application of ice-bags. While in hospital at that time, patient had a tooth extracted; considerable hæmorrhage set in, but was stopped by continuous plugging. Patient gets very easily bruised, but does not suffer from spontaneous hæmorrhage, such as epistaxis.

Condition on admission.—On the left hand, on the ball of the thumb, there was a large swelling, the size of a walnut, composed of clot. On cutting away the epidermis, and on removing the clot, a small cut, a third of an inch long and quarter deep was seen, blood oozing rapidly from it. The cutaneous surface for an inch round was raw and excoriated. On applying ice, the blood was seen to flow from one minute point only, and on another occasion this was distinctly seen to jet like an artery. Hazeline as a moist application was applied locally; this materially checked, but did not stop the hæmorrhage. Then ice was applied until the hæmorrhage ceased, and then styptic colloids, and a pad was laid over it. This would check the hæmorrhage for three or four hours only—oil of turpentine and very hot water increased the hæmorrhage. Pressure on vessels at wrist was found to be no good. Finally, ice locally, followed by ice wrapped in an ice-cold pad, and applied to the part, stayed the hæmorrhage entirely. For three days the dressings were removed, and a mass of florid granulations were seen. These were dressed with boracic ointment, and on November 20th, patient left the hospital with the cut healed. Microscopic examination showed healthy wrist, rouleaux forming well, and fibrine forming naturally. The blood itself clotted firmly.

W. H. JALLAND.

NOTES FROM THE DISPENSARY.

Agathin.—This synthetical compound is the very latest analgesic; it is said to be an efficient remedy in the treatment of articular rheumatism, neuralgia, and sciatica. Chemically it is salicyl-alphamethyl phenyl hydrazone C_6H_4. OH. CH. N_2. CH_3. C_6H_5. Agathin is a tasteless, inodorous, almost white crystalline powder; it is insoluble in water, soluble in alcohol and ether. The melting point is 74°C. The dose is from 4 to 8 grains repeated three times daily; the remedy, however, does not appear to have an immediate result, for the desired effect is not produced until 30 to 90 grains have been given. In most cases agathin is said to act like salicylic acid in increasing the appetite and the excretion of perspiration.

This product is manufactured in Germany, and the agents in this country are Messrs. Burroughs, Wellcome & Co., Snow Hill Buildings, E.C.

Klinisches Receptttaschenbuch.—Dr. F. van Ackeren, one of the assistants in the "Medizinisches

Kliuik" of the University of Berlin, has lately compiled a "Klinisches Recepttaschenbuch" which is mainly a collection of prescriptions illustrating the prescribing of medicines in the clinical practice at Berlin. There are in this book some matters which I have ventured to suppose might be of interest to Guy's, and I have therefore marked them for "Notes from the Dispensary."

Hypodermic Injections of Insoluble Mercury Compounds.—Hypodermic medication, judging from the number of formulæ given for this mode of administration, appears to be much more in vogue at Berlin than with us. Calomel is administered in this way for syphilis. Here is the prescription:—

℞ Hydrarg: chlorat.: vapore-parati 1.0.
Paraffin: liquid: 9.0.

M. exactissimo. D. S zur subcutanum injection. Alle 8 tage 1 Spritze in die Mlaculatur der glutaei oder der Rücken.

It should be noted that our calomel Hydrarg. Subchlor. B.P. is prepared by sublimation, but that obtained by hydro-sublimation is in a much finer state of division.

Yellow Oxide of Mercury (Hydrargyrum oxydatum via humida paratum) is given in the same manner in doses of 0·01 to 0·02 gramme.

A compound of mercury, salicylic acid, and thymol (Hydrargyrum salicylicum and thymolicum) is used for intramuscular injection. The hypodermic syringe employed is the "Pravaz'chen Spritzen," which holds one gramme of liquid.

Review.

Messrs. Swan, Sonneschein & Co. have published an English edition of Dr. Albert Palmberg's treatise on Public Health, the translation of which has been made by Dr. A. Newsholme, the Medical Officer for Brighton.

The work being upon rather a novel plan, and dealing with the Sanitary laws actually in force in England, Scotland, Belgium, France, Germany, Austria, Sweden, and Finland, rather than with the broad principles of Hygiene, will prove of more use to Medical Officers of Health and Members of Sanitary Boards than to the Student or Practitioner.

Probably those who are not subjects of Her Gracious Majesty will derive the most benefit from the book, because the section which refers to the United Kingdom is the most fully worked out, and occupies nearly half the entire volume.

Readers well acquainted with the working of Sanitary laws in this country may at first be impatient when they find whole pages of extracts from Acts of Parliament and orders of the Local Government Board. But after reading the articles which deal with France, Belgium, &c., they will perceive that these pages which appeared to them superfluous will prove of the greatest interest to other than English readers.

It is incontestable that any Englishman who may be called upon to make sanitary investigations abroad, in any of the countries of which Dr. Palmberg treats, will save himself and others much time by a previous careful perusal of the book.

At any rate the work has not been written as an aid in passing any of the numerous examinations in Public Health held in this country, since the purely medical side of the question is hardly touched. Nevertheless, a candidate for a diploma in Public Health would get a broader and more useful knowledge of the advantages and disadvantages peculiar to English practice by the comparisons which the book affords.

Compliments to Great Britain are numerous and not entirely without a basis of fact; still, one cannot but feel that distance may have exerted its usual effect. Thus, upon the opening page we read—"Legislation is the work of the nation, which has recognised its necessity in its own interest; consequently, the laws are respected, and as a rule, *religiously* observed, without *objection or murmur*." A Medical Officer, after rubbing his eyes and looking again, will probably think that if the italic words were omitted the truth would be more nearly approached. Certainly objections and murmurs are not wanting. "Religiously" might be allowed to remain, because the English are eminently religious.

Recently, when the Medical Officer of Health to a Rural Sanitary Authority recommended that cleansing and scavenging should be carried out in a certain village, a Member of the Board solemnly asserted that it would be better to trust more to the Lord and less to man. Many are acquainted with the Psalm, "The Lord is my shepherd, I shall not want." Few are aware that the words scavenger or dustman should be understood.

The fact that many of the laws are permissive and are not enforced, except in a few instances, has not been sufficiently insisted upon. The German will hardly suspect that in many county districts the Adulteration of Food and Drugs Act, the Dairies and Cowsheds Act, the notification by the clerks of fresh cases of sickness amongst paupers, the most important sections of the Acts relating to drainage and water supply are all dead letters, and that the defaulting authorities are not taken seriously in hand by the Local Government Board, because that body, never very strong, except as regards its medical department, becomes as invertebrate as a jelly-fish whenever there is the least chance of a general election.

The distinction, too, between the law and bye-laws is not distinctly marked. For instance, p. 122, it is stated that "in England the floors of privies are required to be at least three inches above the ground level, and to be emptied at least once a week" (pp. 73 and 86).

Now these points are not specified by any Act of Parliament, but the Sanitary Authorities may make bye-laws, and the Local Government Board has issued model bye-laws, in which these details are regulated, only these said model bye-laws place the height of the floor at six inches, and the space under the seat, when a movable receptacle is used, at three inches.

Several slight mistakes of the above kind may be observed elsewhere. Thus (page 6) we are informed of

the duties of the Local Government Board is "to appoint and discharge public analysts of food and drugs;" as a matter of fact, the appointments are not made by the Board, although no such appointments can be made without its sanction and approval.

The articles upon sanitary matters in France, the only one dealing with practice in foreign countries, upon which the reviewer can venture to offer an opinion, is very good. The passage of water mains through sewers (pp. 301-309) will appear a strange device to Englishmen. Privies in houses and cellars (pp. 326 and 327) will be wondered at rather than admired.

The water-closet à la Sinque will probably be novel to many (pp. 321-328). It appears to have undergone a grand process of evolution during the last 25 years. Anything more abominable than the old-fashioned form could hardly be conceived. It has now developed a flush of the most elaborate description, the result, evidently, of much thought and probably many experiments.

The position assumed during the use of this convenience is that of extreme flexion of the legs and thighs, the heels being separated and placed under the buttocks. This attitude perhaps assists the abdominal muscles, and gives suppleness to the joints of the lower extremities; but it has the disadvantage of being uncomfortable, and the male in this position——(It is really difficult to handle these subjects decently). Well, he is not retromingent, consequently two little flush pipes discharge upon the floor, in which there is a little sink hole. Then, for many reasons, the trajectory to the rear is exceedingly uncertain and a bull's-eye cannot be guaranteed, consequently the person using the closet must balance himself upon two raised foot-plates, while a flood of water pours all round to clear everything away.

Certainly no one will be mendacious enough to attribute gonorrhœa to this apparatus, and many will spend the Sunday afternoons in their backyards rather than take the trouble to go to Versailles to see the fountains.

It is true there is no indication of a band in the published plate; but the ingenuity which has accomplished so much will certainly soon meet all possible requirements.

Tinettes are accorded only a short foot-note (p. 325). These filthy abominations deserve a long and very particular condemnation.

A list of errata is wanted. It is stated (p. 255) that "the aqueduct of the Dhuis has not a fall of more than 20 metres throughout all its course (130 kilometres). This gives a fall of less than 15·4 per kilometre." So it does, 100 times less, unless centimetres were meant.

Then, on page 518, the average mortality from typhoid per 10,000 in Vienna in the five years (1886—90) is given as 0·28, which is lower than the lowest year of the five. The figures should be 0·99.

The picture of a waggon-sluice on page 251 may puzzle some readers, from the fact that it has been printed upside down.

However, most of the defects are of minor importance, which we may reasonably hope to see removed in future editions, and as the book cannot fail to interest the Medical Officers of Health, the opportunity will probably soon occur.

WHIFFS FROM THE SMOKE ROOM.

"Yes," said the philosopher, with his left foot where the brick is missing from the smoke-room fireplace, "without a doubt there is great waste of energy at Guy's." Annually it must be very great. Now, I am not a Board of Trade statistician, but have been many times referred in College examinations. You must not, however, for this reason think me an M.B. or B.S. of the London University; and, letting that affair pass, pray do not think that I am alluding to the energy wasted on my successes at the College. Such success is the sole pride of the common herd. I am not of that ilk, though I heartily admire the altruism engendered by a devotion to what they here call "sport." It imposes very early rising, a great exercise of the memory, and keen competition—all good things. Early rising to secure the "Sportsman" and "Life"; a memory to remember "weights," "S.P.'s," and the "Stud Book"; and competition among your fellows that you may be called a "sportsman." These virtues, like those of St. Simon Stylites, I hold to be admired rather than imitated. But I would now allude more particularly to that waste of energy somehow engendered at Guy's by our universal habit of hatred for unknown persons. To use a phrase of Bain's, it is the duty of each Guy's man seemingly to exercise malevolent emotion towards other Guy's men of whom he knows nothing. With Mr. Bain malevolent emotion is but a synonym for "hatred." Now, that I challenge. The particular malevolent emotion I am referring to is but a waste of energy! And the pity of it. Oh! the pity of it! For, it might, after all, all be devoted to abuse of the London University—college politeness (?)—and even in once again uttering the well-worn, but ever welcome, platitude, that the *Club* is not "perfection."

PAT.C.H.—(*Smoke Room Sermons.*)

"It seemed to me," said politician No. 1, "that Dr. Goodhart spoke words of wisdom at his clinical the other day when he remarked that, while it might be dangerous politically to distinguish between the classes and the masses, it was absolutely necessary to do so medically; and I have been thinking since that the philosopher must continue to make the distinction in both departments. We must look for different symptoms in the two cases, even when the disease is the same. The masses, sir, are free from neuroses for one thing; but when you tell me that certain symptoms are absent because of lack of sensibility, I contradict you. It is because the masses, God help them, are inarticulate. The suffering is there, and the wise physician will discover it. He must not expect the symptoms to be so accurately described by the patient, that is all." "Inarticulate," said politician No. 2, with emphasis sufficient to strain the back of his chair and break a small table, "inarticulate! It seems to me they are always crying out about their symptoms: and all one can do is to be continually thinking of a fresh placebo. Still, I quite

agree with you that the distinction must be made in all departments. For myself I apply the rule amongst Guy's men. I classify among the masses for instance . . . ." Hereupon a large Mass arose from an easy chair: "If you politicians don't shut up . . . ."

H.

THE END OF A PRACTICAL CURE.

(*Vide* a recent B.M.J.)

O Retrograde of Brummagem,
Thy stores of Practicality,
Howevermuch you rummage 'em,
Won't patch up *that* Fatality!

Art in the torsion-forceps now;
This time they haven't missed thee;
And do thou spout or gush, Sir,—*how*
The Baronet *will* twist thee!

F. G. H.

Sport.

UNITED HOSPITALS BOXING CLUB.

The large Hall in Store Street was fairly filled on Wednesday evening, when the United Hospitals Boxing Club held their first competition. Among the spectators were Messrs. R. C. Lucas, C. Higgens, A. D. Fripp, and a large number of Guy's men.

Guy's were very successful, winning four out of five events, thus gaining the Championship.

In the Bantams, W. M. Price, after a heavy spar with Prof. Clarke in a bye, defeated Powis in a sterling battle.

In the Feather Weights, L. G. Reynolds also secured a bye, which he sparred with Prof. Gee, and in the final against Hicks, Reynolds gained the judge's award, more owing to a straight left than to sterling pluck, in which he showed himself deficient.

In the Light Weights, D. W. Martin managed to defeat Kemp (University), after a good fight, but went down in turn to J. Cary (London) in the final.

M. E. Tresidder in the light weights scored an easy win from Boyd (London) in his first bout, and in the final was returned the winner against W. Kent Hughes (Bart.'s), whom he brought down for the fourth time in the second round, and thus ended the contest.

In the Heavies, A. Allport was allowed a walk over, as Baker (London) scratched, and Adair Thompson (Thomas's) had broken his finger.

The ring was very rough and decidedly dangerous, but the other arrangements were good, while the judging gave entire satisfaction.

After the contests, Mr. R. C. Lucas spoke a few words and distributed the prizes, and a vote of thanks to the referees brought a pleasant evening to a close.

RUGBY FOOTBALL.

GUY'S 2nd v. BROCKLEY 1st FIFTEEN.

On Saturday, February 18th, we played the return match *v.* Brockley. We went down to Honor Oak without seven of our men, who were either playing for the 1st or *hors de combat* from the previous night's boxing competition. We scored twice in the first half, but neither try was converted. After half-time Brockley buckled up and one of their men, following up a long kick by Longinotto, scored a try which was converted into the major point. Nothing further was scored; we thus lost by 1 goal (5) to 2 tries (4).

GUY'S v. MIDDLESEX WANDERERS 2nd FIFTEEN.

Saturday, 24*th* February.

This proved a very interesting and hard game, we eventually being beaten by one try to nil. They were very much better forward than we. Once or twice we seemed almost certain to score, but their defence was too good. We sadly miss the aid of Spon, although we are glad to see him in the Cup team. The play was fast and even, the ball travelling from one end of the ground to the other very rapidly. During the last ten minutes they managed to score a try which was not improved upon. We failed to equalise though we tried hard.

The team consisted of C. L. Lichtenberg (back); J. H. Bettington, H. T. Hicks, J. Moore (three-quarters); H. Cooper, C. H. Bryant (half); E. H. Van Someren, N. H. Pike, D. Rice, D. Griffiths, G. N. Mottram, H. A. Moffat, E. Butler, C. E. Michael, A. T. Falwasser.

ASSOCIATION FOOTBALL.

INTER-HOSPITAL ASSOCIATION CHALLENGE CUP.

Semi-Final Round.

GUY'S v. ST. BARTHOLOMEW'S.

This, the first tie of the semi-final, was decided at Leyton on Tuesday, March 1st, in delightful weather, but the turf was in a saturated condition after the recent rains. A large concourse of spectators were present, the majority being Guy's men who did all they could by shouting to urge our team to victory; this, however, was not to be, and we had to retire, after having our fair share of the game, defeated by three goals to one.

Guy's won the toss, and Wrangham started for the holders; play for a time ruled even, each side playing cautiously, Pendred then got through and Hibbard caused Fryer to use his hands, Mackintosh cleared and play settled down in neutral ground. Daniel and Lidderdale then sent the ball back to Bart's. quarters, when Pendred made a short run and passed to Fitz Hugh who shot a goal but was ruled off-side, much to the disgust of the majority present. Fernie then ran down and made a feeble shot and Crosby relieved. Our left then made a combined effort and Bart's. were hard pressed, but "hands" was given against us and Lavers had to save; soon afterwards, however, Bart's. scored from a long shot by Pickering; an appeal for fouling against Wyllys being given in his favour. On re-starting, Bart's., stimulated by their success, had rather the better of the exchanges, but Daniel and Frith were equal to everything and half-time came with the score unaltered.

Barely five minutes of the second half had elapsed when Bart's. forwards made a combined rush and Hopkins sent in a shot which Lavers saved but could

not clear, and Fox rushing up, obtained possession and notched a second point for Bart's. Fernie now ran half the length of the field but Lidderdale impeded his shot and Lavers saved at the cost of a corner which proved fruitless. Guy's at last woke up and the forwards rushed down; some good passing by Murray and Pendred ended in Hibbard putting in a good goal. For the next fifteen minutes Guy's fiercely attacked and at times bombarded Fryer, but with no result; their backs at length cleared and Wrangham scored their last goal, which Lavers ought undoubtedly to have saved had he not come out of goal. From this to the close Guy's had all the game, Bart's. doing nothing but defend their goal, and after good play by Daniel, Stamford and Fitz Hugh, Hibbard sent in a hot shot which just went over the bar; pressure was maintained till the close and we certainly had hard luck in not scoring. Thus, Bart's., after rather the worst of the game, reached the final, which they will contest with St. Mary's. Our team, with few exceptions, who shall be nameless, showed good form, but special mention must be made of Frith, Daniel, Crosby and Fitz Hugh.

Teams:—St. Bartholomew's: E. H. Fryer (goal); J. S. Mackintosh and R. P. Browne (backs); W. Pope, W. Wyllys and H. Pickering (half-backs); J. F. Fernie, W. R. Hopkins (right-wing); W. Wrangham (centre); G. R. Fox (capt.) and E. W. Woodbridge (left wing) (forwards).

Guy's Hospital: N. Lavers (goal); W. S. Frith and F. J. Lidderdale (backs); H. Hewetson (capt), A. M. Daniel and A. E. Crosby (half-backs); C. E. Hibbard and B. F. Pendred (right wing); R. T. Fitz Hugh (centre); R. B. Stamford and C. H. Murray (left wing), (forwards).

Referee: Mr. H. Hailey.

GUY'S v. SURBITON HILL.

This match, played at Surbiton on February 25th, ended in a win for the home team by 4 goals to 1; a result mainly due to the poor form of our team. Soon after the kick off, Surbiton attacked but were repulsed, and play ruled even until just before half-time, when, owing to a mistake by Lidderdale, Stevenson scored for Surbiton. On crossing over, Guy's played up better, but our opponents went away and put in a second goal by a high shot, which Lavers touched, but could not save. After this, our forwards showed up, and Stamford scored our only goal with a fast shot. The rest of the game needs little description consisting as it did of rushes from one end of the field to the other, but out opponents managed to put in two more goals, the first by Sykes, while from a good pass by the same player, Stevenson "headed" a fourth. Our team were decidedly off colour, only Crosby, Hewetson and Stamford showing anything like their true form. Murray appeared very slow in a fast game, and Packer at centre half was not a success, as he went too much for the ball and not enough for the man; while Lidderdale must remember that a man is not necessarily offside because he appears, and that the game does not stop until the referee's whistle has sounded.

Guy's.—N. Lavers (goal); F. J. Lidderdale and W. S. Frith (backs); H. Hewetson, H. D. Packer and A. E. Crosby (half-backs); P. R. Lowe and B. F. Pendred (right wing); R. T. Fitz Hugh (centre); C. H. Murray and R. B. Stamford (left wing) (forwards).

GUY'S v. LENNOX, 2nd FIFTEEN.

Saturday, 3rd March.

This, our last fixture of the season, was a win, and rather an easy one, we scoring one goal (dropped) and five tries to nil. The ground was in a very bad condition and the game was essentially a forward one. We won the toss and played with both the sun and wind at our backs. We pressed from the very commencement. From a throw out in their 25 Cooper obtained the ball and very neatly dropped a goal. The other points were scored by Mottram, Pike (2), Clark and Butler; none of the tries were converted.

Our team was as follows:—J. Moore (back): F. S. Brereton, N. H. Pike, J. O. Garland (three-quarters); H. T. Hicks, H. Cooper (half-backs); E. H. Van Someren, H. A. Moffat, G. N. Mottram, D. R. T. Griffiths, N. Instone, W. R. Butler, W. E. Hills, R. F. Clark, C. Winter.

As this is our last match a short summary will probably be of interest. We have played 17 matches, won 13, lost 4; The points scored for and against us were, 14 goals (1 dropped) 27 tries for, 2 goals 4 tries against, making in points 123 for, 18 against. The whole season contrasts very favourably with last, when we played 14 matches, points for, 132; won 13, points against, 20; drew 1.

We were most unfortunate this season in being deprived on several occasions of some of our backs, and very often of some of our forwards. These being wanted to play for the 1st fifteen, and this generally happened at a time when we most needed them. Perhaps this was unavoidable (?), but it was at times very trying to be beaten by a very small margin, and to feel that if the team had been fully represented it would not have happened. In no single match did our opponents cross our lines more than once. On two occasions we were beaten by one try and on the other two by one goal.

APPOINTMENT.

Cuff, Robert, M.B. Lond., M.R.C.S., has been appointed Medical Officer to the Royal Northern Sea Bathing Infirmary, Scarborough.

Birth.

SCOTT.—On February 22nd, at Warwick Road, Maida Vale, W., the wife of W. Jerman Scott, M.B., of a daughter.

Death.

DIXON.—On March 5th, at Esher House, Shanklin. Isle of Wight, Harold Goodman Dixon, aged 33 years,

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

MARCH 25, 1893.

CLINICAL LECTURE BY Mr. CLEMENT LUCAS.

Manifestations of the Strumous Diathesis.

Case 1 (Lydia 13).—A boy, two years of age, admitted for pulpy elbow, abscess connected with carious meta-carpus and patches of lupus on left knee and right hip. Father died of phthisis fourteen months ago, after two years' illness; mother now healthy, but had tuberculous glands removed from neck when young. One other child in family, but does not present any tuberculous lesion. A day or so after admission, patient's eyes observed to be red and watery, and after a few days distinct ulcers appeared on both corneæ.

In considering the family history in this case, it is obvious that the child was procreated while the father was suffering from phthisis. Statistics, collected by Mr. Lucas, prove that the offspring are particularly liable to tuberculous affections in early life, when one or both parents are suffering from phthisis at the time of conception. The only other child of the family, born before the father shewed signs of phthisis, has, up to the present, escaped. Tubercle usually shews itself more in the latter end of a strumous family, the elder members often being entirely free from the taint. Syphilis, on the other hand, attacks the elder members, or those nearest the infection.

Case 2 (Lydia, cot).—Boy, twelve months, admitted for pulpy elbow—and cutaneous abscesses. No family history of phthisis obtained. Patient was quite well up to last Christmas, when his father, under the influence of drink, wrenched the child's arm. Since then the elbow commenced to swell.

Now that tuberculous lesions are known to be due to specific infection from without, it is interesting to note the conditions which firstly predispose the individual to the attack, and secondly determine the localization of the disease in the predisposed individual. In this case the fact that the father is addicted to drink renders it probable that the family is badly nourished. Then there is a distinct history of an injury to the arm. Watson-Cheyne, in his paper on "Tuberculosis," which gained the Astley Cooper prize, has shown by first spraining a joint in an animal, and then injecting preparations containing tubercle bacilli into the general system, that parts subjected to mechanical injury become the local seat of the disease. The tissues of the sprained joint being less resistant form a nidus for the tubercle bacilli. The cutaneous abscesses which occurred in this case are very characteristic of tuberculous lesions in young children. They are dull reddish-brown in colour, about the size of a finger-nail, and contain only a few drops of pus.

The strumous diathesis — Now that tuberculosis is known to be due to germ infection from without, are we to throw aside all the old conceived ideas as to the importance of family history? The surgeons and physicians of the past were probably not entirely wrong in teaching that two distinct and definite types of patients became the subjects of degenerate changes, then classed as scrofulous, the one set being unusually ugly, the other notably good-looking. The members of the first class were remarkable for their stunted ungainly growth, thick coarse skin, large heads, big thick lips, and decayed teeth. A large number of these patients were, as pointed out by Hutchinson, undoubtedly the subjects of hereditary syphilis. The second type is the more common and better defined; its members are dark, refined looking people with clear cut features, dark and thick eyebrows and eyelashes, abundance of hair on the body, soft fine clear skin, long straight bones, no tendency to rickets, chest long and flat,

sclerotic bluish, filbert nails on long straight fingers, large white teeth with a tendency to decay, large apertures (*e.g.* eyes and nostrils). Occasionally phthisical patients shew very little tendency to develop beards, this being probably due to their development being checked by illness about the age of puberty. The existence of opposite types of strumous diathesis, the one extremely fair, the other dark, suggests that their liability to the attacks of the tubercle bacillus may be dependent upon their being over specialized, safety residing in the mean.

Given the inherited tendency to tubercle, there seems to be abundant evidence to prove that the reason tuberculosis runs through a family, is that the members infect one another.

Villemin, in 1865, before Koch's discovery of the tubercle bacillus, showed that tuberculosis could be produced in animals by injecting tubercular material; he also produced phthisis in dogs by causing them to breathe through masks containing phthisical sputum.

The local manifestations of tubercle which may occur in early life are as follows;

1. *Lupus of the skin* (v. Case 1.) is specially common in children, and is often directly inoculated. One patch may appear, is picked by the child and another part infected. In one case a Jewish child acquired extensive lupus of the penis after circumcision. In another case a policeman contracted lupus on the back of his hand as the result of hitting a man affected with lupus of the nose. It usually commences on exposed parts, especially the nose or cheek.

2. *Cutaneous abscesses* (v. Case 2).

3. *Slight ulceration at the edge of the nostrils.*

4. *Tinea tarsi*, probably the cause of the long eyelashes observed in after life, from attracting blood to the lids.

5. *Phlyctenular ophthalmia.*—This condition appears at first as a little bush of injected vessels, usually on the margin of the cornea; after a few days a little yellowish nodule of lymph appears. If this encroaches on the cornea there is great intolerance to light. Sometimes the lymph may break down and suppurate.

6. *Ulcerative keratitis* (v. Case 1.)—Ulceration almost imperceptible, just a little barking of the epithelium. At first there is no opacity, but this comes on as the healing advances, and can now be observed in Case 1.

This affection may also occur in adults, and, if not treated, may lead to distressing results. The patient is extremely intolerant to light; the cornea may soften and perforate, allowing the escape of the aqueous humour; staphyloma and synechia result.

7. *Ulceration of septum nasi.*

Case 3. (Charity 22).—Patient has had for some years a thick ropy discharge from one nostril, occasionally streaked with blood and containing scabs. On examination with a speculum an ulcer can be seen on the septum. These ulcers not unfrequently perforate the septum, but do not spread and cause necrosis of the vomer, &c., as is common in syphilitic ulceration. The localization, chronicity, and scabbing are characteristic of tubercle.

8. *Caries of bone.*

a. Strumous dactylitis.—In Case 1, the heads of the metacarpal bones are affected; more frequently the disease attacks the first phalanx, commencing in the epiphysis. One or several fingers may be affected; rarely all the fingers of one hand, and still more rarely all the fingers of both hands. The finger becomes red and swollen. The gland above the inner condyle is often enlarged, and there is a history of tubercle in the family. In these cases, when one finger only is attacked, the proper treatment is to amputate at once. If permission cannot be obtained to amputate, incision and thorough scraping may be followed by cure with a shortened finger. Although the disease usually commences in the epiphysis, in a recent case operated on by Mr. Lucas, it commenced in the tendon sheath.

b. Epiphysitis.—Besides dactylitis, which usually commences as an epiphysitis, the epiphyses of the larger long bones are frequently attacked, and the adjacent joint secondarily infected. Of long bones, the upper end of the tibia or head of femur are perhaps the most frequently affected. The child is brought up for the swelling of the joint, which is generally the first thing noticed. On examination, in addition to the presence of fluid in the joint,

a little redness and œdema, and tenderness on pressure, is found over the end of the bone. The joint at first contains serum, thrown out because the joint is within the radius of inflammatory effusion; but later, as the carious patch goes on to suppuration, the articular cartilage may become perforated. Often, by a very small hole, pus escapes into the joint, and tuberculous disease is there set up. If the child is brought in the early stage, the end of the bone should be incised and scraped out, for by this means infection of the joint may often be prevented.

c. Spinal caries leads to kyphosis and spinal abscesses.

9. *Joint disease "White Swelling."*—Great chronicity, not much fluid in joint, thickened pulpy synovial membrane with characteristic feel, children at first do not complain of much pain.

10. *Chronic or cold abscesses.*—Long time coming to surface. A simple tuberculous abscess never contains fœtid pus; for example, the pus from a tuberculous kidney is always sweet, unless some other infection has been introduced by sounding, &c.

11. *Enlarged glands in neck.*—These run a chronic course, but always with a tendency to suppuration.

12. *Epididymitis*, with formation of abscesses, may occur at any time of life, but is not uncommon in children. Mr. Lucas has seen both testes destroyed within three months of birth by tubercular abscesses.

13. *Prostatitis* is not a common tubercular disease. It is often associated with tubercular kidney and testis. A gentleman Mr. Lucas had operated on for tubercular kidney, died some time after of ischuria and convulsons. A *post-mortem* showed a prostatic abscess pressing on the end of the ureter of the remaining kidney.

On visiting the wards immediately after the lecture, Mr. Lucas was able to show a typical example of the tubercular diathesis—formerly classed as dark struma. A very tall, well-grown handsome young woman, with jet black hair, thick eyebrows and eyelashes, well cut features, large white teeth, &c.; she had been under his care nine years before, for lupus of one cheek, which had been completely cured by scraping, leaving a scar two or three inches in extent. Two years ago, she broke down with a tubercular right elbow, which was cured by scraping, and a caries cavity from the abecronon and clearing out the joint. She now came back for a tubercular shoulder joint. Mr. Lucas pointed out the excess of pigment in this case as instanced not only in the jet black hair, but in a large pigmented mark on the side of the neck and shoulder. He said either excess of pigment or absence of pigment, was a sign of danger.

14. *Fistula in ano* is often a tuberculous lesion. Mr. Lucas recently operated for this condition in a child three months old.

Most of the immediately fatal lesions of tuberculosis come more under the notice of the physician than of the surgeon; for example, meningitis, ulceration of the intestine, tabes mesenterica, and phthisis. The surgeon is, however, sometimes called upon to treat suppurative tuberculous peritonitis by laparotomy and drainage, and the results are often temporarily successful. In such a case, on putting the hand inside the abdomen, the peritoneum can be felt studded with tubercles. The child often improves for a time, but too frequently dies later of general miliary tuberculosis.

J. A. H.

NOTES FROM DR. SHAW'S DEMONSTRATIONS IN PATHOLOGY.

The Liver.

A. *Diminution in size* cannot be clinically recognised, as diminution of the liver-dulness is due so often to the intervention of emphysematous lung or of bowel. But it may be either local or general.

I. *Local Contractions.*

a. Sometimes a whole lobe is much smaller than it should be, but is compensated for by hypertrophy of the other lobe. Such conditions may, perhaps, be due to congenital syphilis, or some pathological state of a branch of the portal veins (1895[10], 1895[11]).

b. Constriction by stays or belts commonly leaves its mark on the liver. The organ is sometimes nearly divided into two, and then may give rise to serious mistakes in diagnosis. (1898[15].)

c. Compression by the ribs, in association with chronic lung disease, or the wearing of belts, frequently leaves furrows across the liver's surface (1898).

d. Cicatricial contractions, similar to those produced by emboli in the kidney, may be found

in the liver, only they are not embolic in origin, probably gummatous (1913[5]).

e. Growths also may produce local contractions (1922[30]).

II. *General Atrophy or Contractions.*

a. Simple atrophy. A chronic condition of atrophy is found associated with wasting (1908[21]). It gives no symptoms during life.

b. Acute yellow atrophy. A remarkable similarity of this disease to the condition produced by phosphorus poisoning, together with the observation that the disease is particularly common in pregnant women whose pregnancy is illegitimate, has given rise to the suggestion that the disease is simply phosphorus poisoning. The liver-dulness is considerably diminished during life, and after death the organ is found shrunken and limp and has a wrinkled capsule.

c. Atrophic cirrhosis.

B. *Cirrhosis* (1910 and 1906[40]).

In this disease there is a fairly well-defined clinical distinction between the form in which the liver can be felt enlarged, and there is jaundice and no ascites, and the form in which it cannot be felt and there is ascites and no jaundice. But the anatomical relationship of the two forms is not so definite. It has been supposed that the large liver with jaundice is caused by beer, and the small liver with ascites, by dram-drinking. And it is true that the large liver generally has the associated fatty change well marked 1911[60], so that its connection with malt liquor is a reasonable assumption, even if difficult to establish clinically. Or, again, it has been said that the difference is merely one of degree: just as in nephritis a large white kidney becomes, in course of time, a small granular kidney. But here, though the analogy is tempting, there is not the clinical confirmation of the transition which is so abundant in the case of the kidney. Lastly, a difference in the anatomical seat of origin has been supposed. In the large liver it is said there is a remarkable increase in the number of biliary ducts that are visible, and this form of the disease is due therefore to an inflammation starting in or around the ducts, and hence the jaundice; while the other form starts round the portal vein, and hence the ascites. But the increase in the number of the ducts is believed by Dr. Goodhart to be merely apparent, and dependent upon the atrophy of the hepatic cells. Charcot's histological classification, multilobular, unilobular, and intercellular, probably does not express any very real difference in the processes of the disease. All three forms can generally be found present simultaneously in different parts of any cirrhotic liver. But it may be said that syphilitic cirrhosis is generally markedly multilobular, and that pure intercellular cirrhosis, which is rare, is commonest in congenital syphilis. The causes of cirrhosis are—

1. Alcohol, in the great majority of cases.
2. Syphilis, especially in children (1906[30]).
3. Tubercle, just occasionally.
4. Malaria produces it sometimes; liver large, with ascites and jaundice.

C. *Enlargements of the Liver.*

I. *Deposit of new material generally diffused throughout the organ.*

a. Fibrous material, with or without fat, *v.* cirrhosis (1914[11]).

b. Lardaceous (1896[35]), and with fat (1896[40]). The organ is firm and retains its shape almost rigidly, unlike the merely fatty liver. Clinically the edge generally feels thin, but on this point experience is not uniform. On section, it is firm beneath the knife, and thin slices are translucent. It does not cause obstruction of either the portal vein or the bile duct, nor does it destroy the liver cells. It is caused by suppuration, or else by syphilis without suppuration.

c. Fatty (1911[50]). Fat is present physiologically in liver cells, but is present in abnormal quantity in almost every liver disease. In phosphorus poisoning the liver actually floats. It is often present in phthisis (where it has been ascribed to cod liver oil), and in many other forms of disease. But it may be present in great quantity without any evident disease: a butcher, who was killed suddenly when in perfect health, had a liver that floated in water. Possibly this is, physiological, after a meal. It gives no symptoms during life, but may be felt to be thick-edged and flabby.

d. Leucocythæmia (1921[30]). The whole liver is one mass of nuclei, but to the naked eye nothing characteristic is visible.

II. *Due to distension of vessels.*

Portal congestion does not mean congestion of the portal veins in the liver, but of the more distant parts of the portal circulation. Such "Congestion of the Liver" shows nothing post-mortem.

Distension of the hepatic veins produces nutmeg liver (1898[40]), in which the centre of the lobules is seen to be dark (from blood pigment and bile) and the periphery pale (from fatty deposit and compression of its vessels producing anæmia). It very commonly produces ascites or jaundice; and the question arises whether this is due to a secondary true cirrhosis, but is generally negatived.

Obstruction of bile ducts causes enlargement of the liver with jaundice commonly enough (1951[70]).

III. *Partial Enlargement of the Liver.*

a. Growths. Primary carcinoma is said to have occurred, and there is a specimen of primary melanotic sarcoma in the museum (1921[53]).

Secondary growths are found of all descriptions. They have frequently started in the gall bladder, after irritation by gall stones (1922[12]). They may be cylindrical-celled, secondary to growths in stomach or intestine, or spheroidal-celled from the breast (1922[10], 1922[36], 1922[62]). Lymphosarcoma presents itself as numerous nodules of white growth, generally small, sometimes large (1921[51]). Melanotic growths are commoner in the liver than any other organ (1935-1937). Umbilication is said to be a characteristic feature of growths in the liver. It is not peculiar to them, being due merely to the shrinking of the central or older part of the deposit; but it is found clinically to be useful in diagnosis. Growths may be diffuse throughout the liver, as well as nodular, and by obstructing vessels produce both jaundice and ascites commonly.

b. Hydatids are commoner in the liver than anywhere, even than the lungs. Large, bulging, painless swellings, not causing either ascites or jaundice, and giving the hydatid thrill will probably be due to hydatid cysts. They may terminate in spontaneous cure; and this is commoner than in the case of abscesses. Round calcareous holes full of a watery fluid are not uncommonly found post-mortem (1946[20]). But they may suppurate, especially if tapped (1947[28]). Or, again, they may discharge into the pleural cavity or into the lungs (1946[10]), in which case the patient may complain of "spitting up skin"; or, as the tumour goes down, the patient may have diarrhœa, and a cure be effected by the cyst discharging into the bowels (1946[35]). If it opens into the biliary ducts it may be cured, or perhaps, more commonly, the bile in the cyst may set up suppuration.

c. Abscess.—Single abscesses are often cured spontaneously, and more often by surgical treatment. A man coming home from India to have a tropical abscess treated at Guy's coughed up a quantity of pus, and on arrival was found to have no abscess. Such cases are common. The single abscesses are tropical or dysenteric in nearly every case: a dysenteric ulcer causes thrombosis in a vein, and part of the thrombus is carried to the liver, but why the result should so commonly be single is difficult to explain (1900). A single abscess may also be produced by suppuration of a hydatid, or by actinomyosis (1900[15]).

Multiple abscesses will produce a general enlargement of the liver. Pyæmia produces them often here alone, although they must be brought by way of the hepatic artery. In other cases the source of infection is the portal blood or the contents of an ulcerating gall bladder (a kind of ascending hepatitis). In one remarkable case a hydatid in the spleen set up multiple abscesses in the liver. Lastly, granulomata may, by breaking down, produce a similar condition, actinomycosis, syphilis or tubercle.

d. Gummata (1913[4], 1913[7]) may give no symptoms at all, or else those of cirrhosis.

Syphilis of the Liver.

a. Gummata may resolve altogether, may leave fibroid masses (1913[36]), or in rare instances may soften (1913[4]).

b. Cirrhosis in children is probably always syphilitic (1914[11]), perhaps also sometimes in adults.

c. Lardaceous disease (1912). Enlargement of liver in a syphilitic patient is generally of this nature if there is no reason for supposing it cirrhotic.

d. Perihepatitis (1913). This condition is found, though not often, without any accompanying cirrhosis.

Perihepatitis.

Some of the most marked cases of ascites are produced by this condition; the thick contracting capsule may double in the anterior edge of the liver, and produce other severe deformities, which must obstruct the portal veins very effectually. Dr. Fagge went so far as to say that a many times tapped hepatic ascites was generally perihepatitic. Causes: syphilis (1913), alcohol (1907[80]), Bright's disease, and chronic peritonitis.

Naevus (1909[20]).

Patches on the surface of the liver, looking at first sight like extravasations, often are angeiomata.

Cystic disease of the liver (1909[40], 1909[41]).

Besides retention cysts, which now and then may be found, there is a remarkable form of true cystic degeneration of the liver, which is often associated with the same condition in the kidney, and like that affection is congenital.

Affections of the Portal Vein.

a. Pylephlebitis Adhesiva (1906[92]), or simple thrombosis in the portal vein is most often due to obstruction caused by cirrhosis. Dr. Wooldridge thought that it sometimes caused cirrhosis. By ligaturing the vein in animals a cirrhosis was produced; and recently there has been a case in the hospital proving the possibility of this sequence in man.

b. Pylephlebitis Suppurativa (1898[55]). Sudden jaundice and ascites in the course of any inflammatory disease of the abdomen is probably due to septic thrombosis in the veins of the portal system. It may be an embolic condition, or the thrombosis may be the result of direct extension—*e.g.*, from a gastric ulcer. Multiple abscesses will be found; in fact, it is only one of the forms in which portal pyæmia may present itself.

Injuries of the Liver.

Fractures of the ribs may produce laceration, or it may be the result of severe injuries to the abdomen. The structure and consistency of the organ does not favour the surgical treatment of such wounds, but in some cases they heal of their own accord. Mr. Targett

has collected several cases in which the liver has been torn without any rent in the capsule being made.

The liver has been opened and the opening enlarged with dressing forceps in the operation for empyema. Fluid in the chest does not in the majority of cases cause displacement downwards of the liver any more than enlargement of the chest, but rather the reverse, unless the amount of fluid is very great.

PERSONAL RECOLLECTIONS OF GUY'S IN THE FORTIES.

II.

ASTON KEY.

The surgeon who, "in my time" at Guy's, attracted most attention both inside the walls as well as outside, was Aston Key. As I have already mentioned, it was a matter very difficult to decide whether he of Guy's, Sir William Ferguson of King's, or Liston of University College Hospital, was the smartest operator; but I well remember the indignation and jealousy roused in all real Guy's men, at the advertising in the medical journals of that day, of the operations to be done by Ferguson at King's. For in those days it was held derogatory to, in anywise, advertise one's self or hospital, and Guy's, naturally modest, shrunk from hoisting its flag in that manner; not but that had anybody outside said that the Guy surgeon was inferior, every Guy's man would have run together and would have cried out without stopping for the space of a month, "Great is Key of Guy's." It will be readily understood, that the poor patients being fully sentient, rapidity and dexterity were the great "points" in judging of a surgeon, and a surgeon knowing this, also considered the great "point" of his knife, was the sharpness of its edge; and thus it was that Key threw the blunt knife on the floor whilst operating one day. You could always tell when he was annoyed by the wonderful twitching of one side of his face; very evident on this occasion. Next day he asked Hill (father of the late "Mon") where the knife was, "On the floor, where you threw it," was the rejoinder. But Key, instead of resenting, said "Oh, I see," and there the matter ended.

But Key was a tall, spare-built man, of good carriage, refined in face and manner, which was gentle and dignified. The lithograph I have often seen at Guy's and elsewhere gives one an excellent idea of him. He was a spare liver, as I and a fellow dresser found when we were asked to breakfast in Great St. Helens.

Once I took a lady to consult him, and was struck by the general untidiness of his consulting room, much like a dusty lawyer's office; and as the consulting room looked out into an old churchyard, I resolved, if I ever should have a consulting room (such a contingency seeming most unlikely), I would make it as cheerful as possible. This is a point of more importance than many are apt to think. The mental effect of pain and calamities is much intensified in most persons by unpleasant and dingy surroundings, and some people are more affected by collateral terrors, so that a permanent sense of horror is induced, to be never again thrown off. And this is as severe in those seeking advice apprehending serious trouble as in those about to undergo operations.

I did not have much work under Key, all his dressers were energetic and were constant at their post. Key was fond of talking about the solar plexus, for just at that time the profession was beginning to recognise that the sympathetic nervous centre had something to do with the working of the human economy, and was a structure not to be trifled with. It was about that time that "Reflex Action" was beginning to arrest attention, and Marshall Hall's experiments were placing our knowledge on a secure basis. But not without a feeling amongst orthodox professors very akin to that produced by the cry of fire in the breast of one who has just put on his slippers, lit his cigar, and taken up his GUY'S STUDENTS' GAZETTE by a comfortable fireside; not, however, without the sense of a certain sort of personal injury in having been forestalled. Well! the student of the present day takes in this and many other things as if it were primæval knowledge, like as he accepts the "long straight" as part of the armamenta of the Lieut.-Col.-Surgeon at the battle of Marathon. And now the solar plexus is "installed" all over the body, with its vaso-motor nerves, with its "accumulating stations" in different positions, whereby energy, single or combined, is developed as the occasion of labour, defæcation, urination, &c., may require—while all this was going on for many a thousand years, and "vapours" were ascending and descending the human, particularly the female, frame, and it is no wonder that the orthodox felt touchy and resented the intrusion; and so will you, my dear Guy, feel when the favourite theory you have nursed for years is taken up and ruthlessly dashed into a thousand pieces as was the famous Portland vase at the British Museum.

BRANSBY COOPER

has been sketched so well in the history of Guy's Hospital that I can add but little more. I only "did" once under him in absence of his dresser, and this was to bleed a "head injury," in rapid convulsions, with my left hand on his left arm without wounding the artery which lay directly under it, and meeting thereby his approval. But I was examined for the senior anatomy prize by him, and gained his warm commendation as first; thus meeting with hearty approval and sympathy, doubtless as my just due. There was always an atmosphere of cheerfulness about him which was not always to be noticed in the other surgeons. The late Dr. Griffiths, of Wrexham, once remarked to me, in contrasting the surgery of Astley Cooper and Abernethy, that the former always thought over his cases carefully before operating, considering every difficulty likely to occur; while Abernethy did not. Thus, Astley Cooper found no difficulty, each contingency was met at once, and the operation was perfect; while Abernethy stumbled through his. He had seen both, and he said the difference was most striking. Bransby Cooper was more like Abernethy than his uncle.

J. BRAXTON HICKS.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR.—Last year, previous to the Fives Tournament, the Student's Club published in the GAZETTE of June 25th a set of Rules that should govern the game, which rules have been in force ever since. I would suggest, however, that the following alterations in them would be an improvement:—

Rule 5 says "Each return that fails to cross the middle line shall be counted a let." Now, I think that it should score against the player instead, as it is undoubtedly a weak or careless stroke, and as such the player making it should suffer for so doing.

There is another point that has come up for decision once or twice, it is this:—

Rule 4 as altered at the General Meeting of the Student's Club last Friday) runs as follows: "The server being at game ball the striker-out shall be allowed two faulty first returns before the server scores game," but *Rule 2* says: "At 14 all sett, three shall be played."

Now what I wish authoritatively settled is, whether in that case, when the server reaches two, the striker-out is to be allowed two faulty first returns. I am aware that he is not allowed them at present, but why I have never been able to understand.—Yours truly,

A. V. CHAPMAN.

Guy's Hospital, 20th March, 1893.

THE ANNUAL GENERAL MEETINGS OF THE STUDENTS' CLUB.

DEAR SIR,—These meetings are three in number. The first is held in the Charity's room, when the Resident Staff elect their President who is ex-officio on the club committee. The second is held in the College Library, when six or eight members living in the College elect two representatives. The third was held on March 17th, in the Surgical Class-room, when Messrs. Allan, Reynolds and Scott were elected.

It is interesting to note that this system of holding an annual general meeting in three sections is *unique*, and prevails in a club which is doubtless the most luxurious and successful students' club in London. Here cause and effect are very evident.

Again, a member of the Resident Staff (Crown) can come to the college and ordinary annual meetings and vote, and speak three times; the Residents in the College (Lords) can vote and speak twice; whereas the crowd of ordinary members (Commons) can only vote and speak once (and it is well that it should be so).

The election of the President of the Junior Staff is a dignified after dinner function over coffee and cigars. On the contrary, the ordinary members' annual meeting is held in any class-room that can be obtained; their meeting is characterised by useless obstruction; the room, the time of year, the wording of rules, the posting of notices, and so on, *ad nauseam*, are objected to, and the meeting is over without any of the reforms these democrats so frequently discuss being brought forward.

Thirdly, it is most interesting to note that the 12 Resident Staff, all qualified men, have *one* representative; the 40 Residents in College have *two* representatives; and the 400 ordinary members of the club have *three* representatives.

In every club where there are many servants, it must needs result that inconveniences sometimes occur as a result of individual carelessness. The great advantage in the constitution of this committee is that it effectually prevents the youthful impetuosity of the student half of the committee from making radical changes in the management, on account of such trivialities, which would undoubtedly be a great evil. The senior half of the committee stay on from year to year. They see the club gradually improve. It is not even necessary for them to attend the annual meeting, their energies and time being better employed in committee in pointing out the inadvisability or impracticability of the suggestions advanced by those newly elected committee-men who, with radical impetuosity, think they are going to reform and re-organise the whole constitution of the club.—

O. P. Q.

DEAR MR. EDITOR.—In your last impression G. P. puts into print a plaint of which much has been heard of late, and while sympathising with him now as a student, and in prospect as a practitioner, I think in justice that the student's view of the matter deserves a hearing. In my experience it was exceptional for any criticism of diagnosis or treatment by "his doctor" to be made by the dresser or clerk in presence of the patient, and if any ridicule were excited it was by such a pompous assertion as that "the doctor says he's got peritonitis in his wrist joint," or "doctor says I've got haricot veins," at which the sad student may be excused for smiling silently I think. Let G. P. note the following cases which have occurred in my limited knowledge, in the past six months, and say whether even a clerk may not be justified in a mild criticism. On Friday night a man of 50 breaks both tibia and fibula above the ankle, he is sent up by a doctor (I refrain from giving the name of the parish) on Saturday afternoon with the tibia nearly through the skin, but with *no splint* applied. Four days before admission a woman has a violent abdominal pain with stercoraceous vomiting, but is told she is doing well by a G. P.; she appears at Guy's with a femoral hernia, the bowel gangrenous. Another woman has such forcible taxis applied to a five-day old strangulated femoral hernia that the gut is ruptured. I might mention a few others. If G. P. considers such slight inaccuracies excusable, how is it that on the other hand G. P.'s send up cases dressed in such a way as to excite the envy of the dresser, and serious cases are recognised and sent up to Guy's without delay?—Yours sincerely,

UP FOR FINALS.

CRICKET CLUB.

Dear Sir,—Will you allow me, through the aid of your valuable columns, to announce to all old Guy's men, especially those interested in the Hospital Cricket, that on Wednesday, May 3rd, there will be an opening match on the new ground, at Brockley, between Past and Present. Mr. J. H. Busteed has kindly undertaken to get the Past team together, and a good match is expected.

The Council of the Club's Union will be "at home" on the ground in the afternoon, and all Guy's men and their friends are cordially invited.—Yours truly,

R. B. STAMFORD, Hon. Sec.

TWO CASES OF SMALL-POX.

A mild case of small-pox, seen some weeks ago in the front surgery, has some points of interest.

The patient, S.F., aged 21, has been complaining of headache for three weeks or so previously, and three days before presenting himself the rash had appeared. He had probably exposed himself to infection whilst tramping about the country in search of work. The first thing one noticed was that the man was not apparently very ill, though the thermometer registered 101·2 in the mouth. Incidentally, the diagnosis was discussed of varicella *versus* variola.

The only thing of importance in the man's history was the fact that he had been vaccinated in infancy, and presented three good marks. The diagnosis was established by the following points:—

1. Age. Varicella rare after 10.
2. Eruption.
   - (*a*) Most of the pocks were in the same stage of development, excepting those altered by scratching, *i.e.*, there was no appearance of the successive crops which are the rule in varicella.
   - (*b*) Most were umbilicated and some were flattened. In varicella few are umbilicated.
   - (*c*) They did not collapse on pricking; distinction from varicella.
   - (*d*) The pocks had indurated bases, *i.e.*, were shotty to the touch; distinction from varicella.
   - (*e*) The pocks were all areolated, *i.e.*, had an inflammatory zone around them.
   - (*f*) *Distribution*, then, was general; the tongue and soft palate were involved, the face was thickly studded. The last fact was in favour of variola.

The most interesting feature in the case, however, presented itself on examination of the back. The pocks were there found more thickly sprinkled in the vertebral groove than on the rest of the surface, and the maximum closeness was reached in that groove at its lower part over an area extending from three to four inches above the line of the top of the patient's trousers. Below this line there were fewer pocks than above, and this was the case both in the spinal groove and on either side of it.

It will be remembered that Dr. Birdwood has in these columns shown that the manifestations of variola are probably the result of a "surface mycosis," and he supported this view by cases illustrating peculiarities of distribution of the eruption obviously dependent on the shape of certain garments worn at the time of infection.

Now, the case under consideration supports this view. inasmuch as the vertebral groove was more thickly beset with pocks than the surrounding skin, and, moreover, as its lower part displayed the maximum density of distribution, the obvious inference being, on Dr. Birdwood's assumption, that the germ-laden air was better able to deposit its poison in the accessible spinal column than on the surrounding skin where the clothes fit more closely. The thickness of pocks at the lower end would be accounted for by gravity; and the somewhat abrupt line corresponding to the upper limit of the trousers is explicable by the fact, that while on tramp the patient had worn his clothes night and day continuously. Exactly a fortnight after the above case had been seen, the patient's sister was brought to the front surgery complaining of headache, &c. She had not more than a dozen pocks all told, but her temperature was above 104°. There were one or two fairly typical pocks, and the diagnosis was tolerably clear. As the brother had been home only for a day or two before coming to the hospital, the incubation of the sister's illness, assuming her to have applied on the third day of her illness, would be 11 to 13 days. The best authorities give 12 days.

E. T. E. H.

TWO CASES OF ERYTHEMA NODOSUM.

Two cases of Erythema Nodosum have lately come under my notice, one of which certainly, and the other apparently, followed an attack of influenza, and in neither was there a history of rheumatism nor any cardiac disease.

In both there was a rapid pulse, with marked breathlessness, apparently persisting since the influenza. In the more severe case of the two, in which the rash occupied the whole of the extensor surfaces of both arms and legs below the elbows and knees, its appearance was preceded for several days by extreme tenderness of the parts affected, and great weakness followed its subsidence. These symptoms, taken in connection with the distribution of the rash, made me wonder whether the erythema may have been a manifestation of a peripheral neuritis of toxæmic origin. There was evidently considerable constitutional disturbance present which preceded and apparently caused the rash. It is merely a coincidence that erythema nodosum begins in, and generally confines itself to, the parts first attacked in peripheral neuritis.

S. W. MACILWAINE.

Physical Society.

On Saturday, March 18th, this society held its last meeting of the session. Dr. Wilks kindly took the chair. As there was no Treasurer's Prize Essay to be read, the evening was devoted to showing pathological specimens. The following gentlemen contributed specimens :—

Mr. Burrell: Acute epiphysitis of upper end of femur, with separation of epiphysis.

Mr. Reynolds: Acute cystitis and suppurative pylonephritis in a child of nine months.

Mr. Carpmael: Membranous cyst of trachea and bronchi. A heart showing dilated pulmonary artery and mitral stenosis.

Mr. Slater: Sarcoma of testis.

Mr. Miller: Growth of bladder and renal calculi undiagnosed during life.

Mr. H. Davies: Sac of a hernia of umbilical cord in an infant.

Mr. Elliott: Colpitis emphysematosus.

Mr. Smith: Syphilitic cirrhosis of liver, and fibroid spleen.

Mr. Peters: Plasmodia from a case of ague.

Mr. Shillitoe: Growth of upper surface of diaphragm.

Other gentlemen had also arranged to show specimens, but were unable to do so from the time getting short. Mr. Ralph, from the Evelina Hospital, provided several specimens of great interest, and Messrs. Daldy and Eyre were very much to the fore with the microscope. Dr. Wilks took a prominent part in the discussions, imparting valuable information on several points.

The business of the evening was then begun by Mr. Dunn reading the Secretary's report of the past winter session. The society's prize for the best paper read was awarded to Mr. A. J. Howard, on Uræmia, and a second prize to Mr. L. E. Every-Clayton, on the Pathology of Fœtal Relics. The latter was given by the Treasurer, there being no essay sent in that reached a sufficiently high standard to qualify for the Treasurer's prize.

The Senior Speaking Prize was awarded to Mr. H. M. Beddoe; the Junior Prize was not awarded. In continuing the report Mr. Dunn laid emphasis on the fact that during the past session the papers read before the society were of exceptionally high standard, and the attendance at the meetings had been larger than former years; also that Dr. Shaw had found it necessary to resign the secretaryship of the society from pressure of other duties on him, and that Dr. Campbell had consented to fill the vacancy.

A vote of thanks to the treasurer was then proposed and carried, Mr. Dunn replying in the absence of Mr. Lushington.

A vote of thanks to the secretaries of the society was then proposed and seconded by Messrs. Daldy and Salter —the former dwelling on the valuable work done by Dr. Shaw and Mr. Dunn for the society during the last few years, and deploring the unavoidable resignation of the former

A vote of thanks to Dr. Wilks was then proposed and seconded by F. G. Hopkins and T. R. Taylor. Dr. Wilks replied in a few characteristic words.

A very successful meeting then came to an end, leaving everyone present fully satisfied at having spent an enjoyable as well as instructive evening.

CLUBS' UNION.

A Meeting of the Council of the Clubs' Union was held on March 17th, at which Dr. Taylor, Dr. Pitt, Mr. Fripp, Mr. Fisher, Mr. Leathes, Mr. Shorland, and the Secretary were present. Applications for the Debating Society and the Rifle Association to be admitted to the Clubs' Union were considered, and it was agreed that neither of these bodies should be admitted for the present.

The new Rules of the Lawn Tennis Club were submitted and approved, and a grant made to the Tennis Club for the purchase of nets, &c., for use at Honor Oak Park. It was arranged that not more than six courts should be opened on the ground in May, until it was seen what number of members intended to play there.

It was announced that a cricket match between past and present Guyites had been arranged to be played on the Clubs' Union ground, on Wednesday, May 3rd, and the Council determined to be "At Home," to the members of the Union and their friends on the ground, on that occasion. It was suggested that the committee of the Students' Club should be asked to arrange for a House Dinner in the evening, after the match.

Mr. Shorland, on behalf of the Athletic Clubs, brought forward a scheme for the establishment of Guy's Blues, which was provisionally approved. The council undertook to publish the regulations with regard to the "wearing of the Blue," and to announce each year the names of the men who had been granted the honour.

A small piece of levelling work, in order to enable the football fields to be arranged across, instead of up and down, the ground was authorised. L. E. S.

RECENT PUBLICATIONS.

Beale, L. S. Our Morality and the Moral Questions. 2nd Edition. Crown 8vo. Churchill, 3/6.

Cripps, R. A. Galenic Pharmacy, 8vo. Churchill, 8/6.

Crocker, H. R. Diseases of the Skin. 2nd Edition. 8vo. Lewis, 24/.

Lewis, Percy G. Theory and Practice of Nursing. 3rd Edition. Crown 8vo. Scientific Press, 3/6.

Startin, J. A. Pharmacopœia for Diseases of the Skin. 3rd Edition. 32mo. Lewis, 2/6.

Taylor. F. A Manual of the Practice of Medicine. 3rd Edition. Crown 8vo. Churchill, 15/-.

Weismann's The Germ-Plasm, translated by W. N. Parker and H. Rounfeldt. Crown 8vo. W. Scott, 6/-.

Appointments.

Mr. A. H. Tubby, M.S., has been appointed Surgeon to out-patients at the Evelina.

Mr. Montague F. Hopson, L.D.S. Eng., and Mr. Harold Stoner, L.D.S. Eng., have been appointed assistant Dental Surgeons to Guy's Hospital, and Mr. W. Jerman Scott, Anæsthetist to the Dental School.

The following Appointments have been made by the Treasurer:—

House Physicians.—Mr. F. J. Coleman (Dr. Hale White); Mr. E. E. B. Landon (Dr. Pye-Smith).

House Surgeons.—Mr. E. T. E. Hamilton (Mr. Howse); Mr. E. Huntley (Mr. Davies-Colley).

Assistant House Physicians.—Messrs. A. M. Daldy and C. C. Elliott.

Assistant House Surgeons.—Messrs. T. R. Taylor and C. S. Pantin.

Obstetric Residents.—Mr. H. C. Sharp (April), Mr. H. E. Durham (May), Mr. A. H. Godson (June).

The following appointments have been recommended by the Medical Council and approved by the Treasurer:

Clinical Assistants.—Messrs. S. G. Floyd, T. D. Manning, W. Poole, H. A. Munro, G. F. Still, J. H. Godson.

Dressers in the Eye Wards.—Messrs. W. H. Jewell, W. J. Harris (Mr. Higgens), May; A. J. Sharp, G. Lawrence (Mr. Brailey), May.

Surgeons' Dressers.—Messrs. H. G. T. Major, E. S. Hoare, C. S. Bond, F. A. Evison, T. M. Nicholson, R. H. Fagge (Mr. Durham); L. Slater, H. W. Beach, A. J. Mathison, W. D. Macdonald, C. L. Hopkins, C. E. Carpmael (Mr. Howse); G. E. Manning, R. D. Evans, F. Cowan, W. C. Pitt, S. S. Wallis, T. P. King (Mr. Davies-Colley); J. A. Howard, H. M. Stewart, A. H. Leete, C. R. Colley, A. Miller, W. W. Henson (Mr. Lucas).

Assistant Surgeons' Dressers.—Messrs. H. Hewetson, S. Rivers, G. Gocher, C. A. Ensor, T. H. B. Yorath (Mr. Golding-Bird); L. A. Parry, G. L. Eastes, E. C. Taylor, W. L. B. Davies, A. P. Beddard (Mr. Jacobson); A. Rainbird, A. K. Matthews, H. J. Milbank-Smith, F. Zumbado, C. C. Jenkins (Mr. Symonds); E. F. H. Hardenberg, W. H. Peake, R. L. Roberts, S. G. Graham, P. R. Lowe, (Mr. Lane).

Medical Ward Clerks.—Messrs. F. H. L. Cloud, L. E. V. Every-Clayton, H. A. Duffett, W. E. Robinson, C. H. Bryant, B. G. Reynolds, F. S. Brereton, W. A. L. Smith, H. W. Collier, E. G. Annis, S. Hughes, R. Henderson, J. J. Coleman, B. A. Richmond, E. Coleman, H. B. Stoner, E. H. Van Someren, A. R. Hitchfield, H. E. Cock, H. J. F. Bourne, M. P. Jones, J. H. Horton, E. T. Shorland, C. H. Hunter, C. M. Beadnell, A. Salter, C. A. Trouncer, E. E. Henderson, A. Armer, F. Loud, C. J. Kearney, L. H. Y. Stephen.

Assistant Physicians' Clerks.—Messrs. J. C. Constable, T. S. Biggs, J. H. Busteed, L. Bensted (Dr. Pitt); J. C. S. Peatson, W. F. Miller, A. C. Fry (Dr. Shaw); E. S. Roberts, R. Serjeant, H. D. Packer (Dr. Washbourn).

Aural Surgeon's Dressers.—Messrs. A. G. Buchanan, . D. Eccles (May and June).

Dental Surgeons' Dressers.—Messrs. W. T. B. Donnelly (April and May); A. C. Hovenden (May and June); A. G. Cooley (June and July).

Dressers in the Throat Department. Messrs. F. Hazell, W. C. C. Park, J. H. Joyce, J. B. Leathes.

Post-mortem Clerks.—Messrs. A. J. Collis, E. A. Peters (May and June); G. H. Steele (June and July).

Obstetric Ward Clerks.—Messrs. D. M. Beddoe, V. Pendred, G. H. Field.

Obstetric Out Patients' Clerks.—Mr. H. Cooper (first half); Mr. H. Davies (second half).

Surgical Ward Clerks.—Messrs. W. G. Mitchell, W. M. Price, E. C. Fothergill, A. Scott-Turner, A. A. Price, L. G. Reynolds, B. F. Pendred, M. E. Tresidder, L. A. Paul, E. J. Maxwell, A. H. H. Huckle, T. L. Jackson, C. B. Statham.

Assistant Surgeons' Clerks —Messrs. J. H. Horton, A. Salter (Mr. Jacobson).

Clerks to the Anæsthetists.—Messrs. A. Shillitoe, A. G. Buchanan, F. W. Wilson, T. D. Manning, J. S. Barnes, W. Poole.

Clerk in the Skin Department.—Mr. H. Pern.

The following Dental Appointments have been made by the Dental Committee:—

Dressers in the Gas Room.—Messrs. S. H. M. Carpenter, W. E. Hills, J. W. Pare, J. Plomley (April) G. H. Bowden, T. S. Davison, W. H. Pilcher, W. R. Wood (May), Sydney Harrison, G. Willcox Jones, J. Pilcher, G N. Willis (June).

Dressers in the Extraction Room.—Messrs. A. Cahill, T. R. Chambers, R. G. Edey, E. Hutson, F. Mühlenkamp, R. Thornton, A. J. Tyrrell, A. B. Ryle.

The Annual Meeting of the Students' Club was held on March 17th, Mr. Symonds in the chair. A letter was read from the President, Mr. Durham, regretting his inability to attend. The wording of one or two rules was altered to make the meeting in order, and after a protest against members living in the College being permitted to vote, of whom a goodly number were present, the meeting proceeded to elect Messrs. A. P. Allen, B. G. Reynolds and E. N. Scott to serve on the Committee, and Mr. B. A. Richmond as Auditor. It was announced that Messrs. H. T. Bell and R. H. Fagge had been elected by members living in the College, and Mr. Jewell, President of the Resident Staff, to complete the Committee. The meeting terminated with a vote of thanks to Mr. Symonds for presiding.

Passim.

We see that the "notion" suggested in our columns last November, in an interview with the Secretary of the Clubs' Union, of having a Guy's Directory, has "caught on," and the London Hospital has already published one. Our Clubs' Union Directory is in the press, and though, of course, it cannot for some years be a complete Guy's Directory, yet every man in it will have shewn that he takes a genuine interest in his *Alma Mater* by joining the Clubs' Union, and thus have proved that he is the sort of man one would like to send a patient to, when one has the chance.

Our readers will be glad to hear that the Clubs' Union have given their sanction to the institution of some new colours, in the form of a Hospital "Blue."

A meeting of representatives from the five leading sporting clubs has been held to talk over preliminaries, and it is suggested that these colours shall be awarded to members of the various teams in much the same way as at the 'Varsities and Public Schools.

Lewin has sent in samples, including a very smart coat and crest, with scarf and cap to match, and they are in every way a very great improvement on what we have seen before. The only thing we might suggest is, that the crest is just a little bit startling and the prices a little too high.

The Council of the Clubs' Union quite approve of what has been done already in this matter, and now all that is wanting, before the "Blue" is an established fact, is that the representatives of the Athletic Clubs should meet again to draw up rules and regulations. In our next issue we hope to have something more definite to say on this point.

The Samaritan Fund is so valuable an institution that all must rejoice in the recent addition to its resources. Under the will of the late Mr. Henry Spicer, of Camden Road and Brighton, this fund benefits to the extent of some £38,000. The actual income to be derived from the legacy will be, it is believed, about £1,200 a year, sufficient to secure a goodly number of extra beds at the convalescent homes. We hope in our next issue to give some account of the general working of the Samaritan Fund.

We have been asked to state that in our account of the United Hospitals Boxing Competition, in our last issue, we did injustice to the pluck of Mr. L. G. Reynolds, the winner of the feather weights. Mr. Reynolds was acting under the most rigid instructions not to force the fighting, but to rely solely on a straight left to stop his opponent's rushes. This he carried out to the letter, and won cleverly against superior weight and condition. We hope it will be by no means the last time he represents Guy's in the ring.

Our congratulations are due to Mr. G. T. Birdwood, M.B., B.S., who obtained the second place in the recent examination for the Indian Medical Service.

We are glad that the new appointments to the Dental Staff have all been made from the ranks of Guy's men. We heartily welcome in their new rôles Messrs. Hopson and Stoner, the Assistant Dental Surgeons, and Mr. Jerman Scott, the Anæsthetist, to the Dental School.

We regret that the Council of the Clubs' Union have not seen their way to admit the Debating Society to the privileges of a constituent. They have, doubtless, excellent reasons for this refusal, but it is not easy to imagine what they may be.

The sad death of Mr. Hillier Green, from smallpox, caught probably in the pursuance of his medical studies, raises the question of vaccination of medical students. One of our Governors, who takes a great interest in the students, and in vaccination, writes to urge compulsory re-vaccination upon us, but at a time when the State is relaxing the rigour of the law with regard to primary vaccination of infants, it is not possible for the Hospital authorities to do more than urge upon the students the wisdom of this prophylactic measure. This the Dean asks us to do in the following words: "It is highly important that all students, whose duties render them liable to come into contact with smallpox patients in the casualty or out patient departments, should be re-vaccinated."

We gladly publish this official advice, and hope that the unvaccinated will hasten to act accordingly, but surely, if our observations have not been faulty, there are few men about who have not recently received the regenerative lymph. Dressings are just now mostly performed with one hand, and chests are percussed without the intermediary finger. We have seen one student vaccinated with the jagged edge of a microscope slide, and another with a scarf-pin; but whatever the implement chosen, there are few whose left arm has not been recently in a sling.

We understand that the office is not besieged by applicants for the Beaney Materia Medica Scholarship. Perhaps it is not sufficiently known that there is no examination connected with this appointment, which is made by a committee, after a consideration of the fitness of the various candidates to carry out some original work in Materia Medica, Pharmacology, or Therapeutics. The last day for sending in applications is April 8th.

Many of our readers are aware that some time ago Mr. Pender-Smith suffered considerable annoyance from the circulation of a false report, with reference to the custody of a bank-note. It was stated that the note had been given into the care of the above-named gentleman, while all the time, it was safely in the keeping of quite another person. We understand that the individual to whose most blameworthy carelessness this mistake was due, has offered full apology. He undertook, moreover, on the demand of Mr. Pender-Smith's legal advisers, that such apology should be published in the Gazette. This course has been foregone, however, and it is hoped that the publication of this paragraph will close the incident.

Our readers will be interested to hear that the boy whose case formed the subject of Dr. Hale White's recent clinical lecture on rheumatic nodules, and the other manifestations of rheumatism, is now in St. Thomas's Hospital with acute pericarditis, thus completing his rheumatic symptoms.

REPORTS FROM POST-MORTEM ROOM.

(I.) Growth in the Upper Part of the Thorax.

M.H., æt. 35. Under Dr. Hale White and Dr. Goodhart, in John ward.

Clinical Symptoms.

**Pain* in the left chest. **Dyspnœa.* **Weakness.*

Attacks of *hæmoptysis* (three or four before admission).

Dysphagia temporary only at beginning and end of illness.

*Bulging of left chest in front and behind.

**Dulness* (of whole of left chest).

**Diminished* breath and voice sounds of left side.

Brassy cough of steadily increasing severity.

Blood-stained fluid obtained on exploration, but aspiration failed completely at first. On making a second attempt with a fine needle some fluid was obtained.

**Loud aortic systolic bruit* over greater part of chest.

Pericardial rub.

**Dilated veins* of left side chiefly.

Lump under left sterno-mastoid.

Pupils unequal (not till day before death).

Death by sudden hæmorrhage (from mouth and internal). Duration of illness, six weeks. Symptoms marked * were present all the time patient was under observation.

Autopsy.—The blood was observed to be extremely thin and watery. A detached piece of growth was situated behind the origin of the left sterno-mastoid, displacing the carotid artery outwards, the nerve towards the median line, and stretching the internal jugular vein over its anterior surface. On opening the thorax a mass of hard malignant growth was seen in the upper and left parts invading or displacing the surrounding structures.

The *upper lobe of the left lung* was both displaced outwards and largely invaded and collapsed from obstruction to the bronchus; a portion of it was gangrenous and very foul smelling. The base was compressed by a localised collection of blood-stained fluid (24 oz.). The pleura was much thickened everywhere and the parietal layer was very loosely attached, coming away with the lung. This will probably explain the failure of aspirating with a large and perhaps blunt needle, which must have pushed the thickened parietal pleura before it.

The *pericardial sac* was extensively involved and the growth had caused plastic pericarditis, obliterating the cavity. The adhesions were only recent and were easily broken down with the finger, leaving rough woolly and hæmorrhagic surfaces.

The *left auricular wall* was so largely implicated as to be almost entirely formed of new growth, and into its cavity some nodules projected. They varied in size from a pea to a hazel-nut, and were cystic. The right side of the heart was healthy; the wall of the left ventricle was fatty. The *pulmonary artery* and *veins* were surrounded and slightly constricted by growth.

The *aorta* was markedly constricted (accounting for the systolic bruit). At one place, about half-an-inch below the origin of the left common carotid, the vessel wall was ulcerated through, the opening being about as big as a fourpenny-piece and communicating with a gangrenous cavity in the growth.

The *œsophagus* was extensively involved and ulcerated. At one place the mucous surface was ulcerated right through, the perforation communicating with the same gangrenous cavity as that with which the aorta was continuous. (This explains the death from hæmorrhage, and also the dysphagia.)

The *left bronchus* was surrounded, pressed upon and completely occluded.

The *left recurrent laryngeal nerve* was involved, as had been anticipated from the brassy cough.

The lower part of the œsophagus (below the ulceration), the stomach, the duodenum and other parts of the intestines were filled with *blood-clots*, some of which formed very complete casts of the intestine and its valvulæ conniventes.

The microscope showed the growth to be a *round-celled sarcoma;* otherwise the organs were healthy but anæmic. W. J. H.

WHIFFS FROM THE SMOKE-ROOM

SOME DISCOVERIES.

The antiquarian looked pleased with himself, for at last he had made a discovery. He passed round a fragment of MS., found, as he said, in the neighbourhood of the college foundations. As to its exact date, he would not venture an opinion, but hoped that publication in the Gazette might lead to valuable criticism. He held that the writer was not unacquainted with anatomy, as witness the introduction of the Greek word, in which, apparently, he had involved himself in an elaborate joke. The following is the fragment, the Latinity of which will probably reveal to scholars its date and origin:—

. . . . Eo tempore disputatio de ægris curandis habebatur. Quidam autem, vir acutus, cum ad aulam conciliorum quæ vocatur conjunctorum advenisset, eos qui maxima profitentes juniores interrogare solebant perpauca ipsos scire comperit. Itaque homo benignus plurima quæ ignorarent docebat. Qui tamen, auctoritate sua usi, nec se argumentis speciosis convinci passi, infelicem per menses tres retulerunt. Inde mente, dixerint forsitan Græci antiqui, ἀγιγγλυμωτὸς factus, epistolas ad diurna scripsit, atque omnibus hominibus pro ludibrio albiit. Necnon examinatores furtim riserunt, præsertim quum increbruerit fama (quæ nescio an sine auctore sit) nostrum haud viva voce sed scriptis tabellis ineptum visum esse. Quæ quum ita sint, hoc omnibus consilium do, taceat aratus. . . . . C.

James, we believe, was responsible for the second discovery. There had been rumours of an elderly figure haunting the smoke-room on the previous evening, and upstairs an old gentleman was observed peering into book-shelves in the reading-room, muttering continually, "Too few! Too few!" At any rate, next morning, in the recesses of an easy chair, were found seven packets of post-cards, together with a pamphlet on Homer's knowledge of the Apocrypha and the following document, pencilled in a grand old handwriting; it was headed, "Suggestions for certain Domestic Measures:"—

1. A Bill to prevent overcrowding at Out-Patients on Tuesday, Wednesday, and Thursday, admission to be by ticket only. (His Worship the member for Oxford.)

2. A Bill for the Better Feeding Clothing, and Nursing of Hospital Nurses. (The member for Scar[let] borough.)

3. A Board of Trade Return shewing the number of eggs consumed in each ward. (The member for Hatcham.)

4. A Bill for the Disestablishment and Disendowment of the Conjoint Board. (The member for Spindleton.)

5. A Royal Commission to inquire into the Vascular System (if any) of the Dissecting Room and Post-Mortem Theatre. (The member for Northampton.)

6. A Bill for the Extermination of certain evil, noxious, and felonious beasts, to wit, cats; and for the prevention of all crimes, offences, misdemeanors, and nuisances had, done, or committed by them. Judgment to be delivered by the Worshipful Company of Clinicals, sitting

as a Court of Oyer and Terminer, especially the latter. (Sir Henry Meux, Bart.)

7. A Bill providing for Local Option in Dressers' 'Baccy and Papers, at a maximum rate of 1s. 9d. a month. (The Chancellor of the Exchequer).

8. A Bill for the Occasional Dusting of the Pickles in the Museum (say once a year); also a Blue-book containing a revised Catalogue of the Surgical Specimens, including those added since 1802. (Mr. S. H——re, M.P.)

9. A Vote on Account for the Performance of Music in the Park on Sunday afternoons (Salvation Army excluded). Promoted by Mr. Handel Cossham.

10. A Bill for widening the stairs at the peripheral end of the College Tunnel. (Sir E. Watkin.)

11. A Bill providing payment for all members of the Rugby Cup Team over 14 stone. (His Excellency the Dean.)

12. A Select Committee to consider designs for a medal to be struck in commemoration of the Great Fire of 1893, and to draw up a Vote of Thanks to those members of the Leucocyte V. F. Brigade and others, whose persons or property were injured in the extinction of the same. (Chairman, Mr. G. S—ch—l, R.A.)

13. A Suspensory Bill for the repeal of all lectures except those on Jurisprudence and Insanity: attendance on these to be voluntary. (The member for Slumborough-on-the-Snooze.)

14. A Board of Trade return shewing the average duration of life amongst the chickens supplied to the Hospital, with the percentage of cases in which death was attributable to senile causes. (Mr. Henry Fowler.)

15. A Bill for the Improved Nutrition of Starving Mobs in the Club Dining hall, between the hours of 12.30 and 1.30 p.m. (The member for Hungerford.)

16. A Bill to shorten the hours of labour of Nurses, with a section dealing with those of Waitresses. (The member for Over Workington.)

17. A Return shewing the average number of hours an Assistant-Surgeon's Dresser's Patients are kept waiting, together with number of times per week the Assistant-House Surgeon has to dress them himself. (The Assistant-House Surgeons.)

18. An amendment, in Committee of Supply, to reduce an official's salary by £550, being part of the sum paid annually for feeding the residents. (The member for Syckenham.)

19. A Bill for the Instruction of Ward-maids in Typewriting and Playing the Harp, with honorary certificates in both subjects. (The Macdougall.) S.

Drinks stronger than liqueurs being unobtainable in the club, our smoking-room Philistine, a well-covered bully fellow, had solaced himself with his third small Bass. He had been discoursing on the bally shame of the Thomas' match, and now, perhaps owing to the more ethereal parts of the small Basses, he turned from his particular line of sport to the criticism of the drama. Regardless of the feelings of the writer, who is a staunch follower of Dr. Ibsen, the lusty-lunged fellow craved the sympathies of all bystanders and told them in no measured tones how he had been robbed of a bob for the gallery of the Vaudeville—"and such bally rot, too!"

A superior young man, in a light blue necktie and turned up trousers of material called flannelette, espoused the cause of the Norwegian dramatist. Beginning his interruption with an "Excuse me, *Sir*," just to show his breeding, he demonstrated, if he did nothing else, that our Philistine was not a member of either 'Varsity. Ibsen would have been flattered by the defence. Matters would have been made warm for him of the blue tie by our enraged Philistine but for the timely arrival of a youth of smiling countenance. This happy looking gentleman, on producing evidences of having been at both Oxford and Cambridge, as well as at two public schools, immediately commanded a respectful hearing. In a melodious voice, which would have done credit to a Nonconformist minister, our youth of the smiling countenance answered all the points raised by the Philistine. Indeed, the newcomer was one of the Ibsen missionaries who go about converting the world from dramatic orthodoxy. His sermon touched the Philistine, who now beheld clearly, for the first time, many Guy's men to be as cracked as Solness, whose eccentricity had so condemned the play in his eyes. Indeed, the Philistine's thumb was jerked towards a gentleman just served by James with a glass of milk, and indicated the milk-drinker as one of "sickly conscience." Moreover, the doll incident in "The Master Builder" was eclipsed by the Philistine, who, grinning hugely, proclaimed himself the possessor of "nine tip-top cricket bats."

"Exactly," said the preacher; "then why, oh! most excellent of beefy men, while you yourself satisfy your sportsman-like instinct by cherishing and oiling your bats through a long winter, why, I say, should you laugh at poor Mrs. Solness, satisfying her maternal instinct by possessing nine lovely dolls?"

The meeting now began to be broken up. A gentleman with mercurial teeth, who turned out to be the president of the Limerick Club, expressed stoutly that, in his opinion, the tendency of all Ibsen's plays was degrading and immoral. The preacher tried to get a hearing, and made several h-less attempts to defame the Limerick president's character. The light blue gentleman returning with a brother patrician, collapsed the whole meeting by stigmatising, in a loud whisper to his friend, the whole debate as "Damned bad form," and added, as a final *coup*, that if such bounders as these became Ibsenites he would take a stall for the Adelphi.

The seeds of the preacher, nevertheless, had fallen on good ground, and the Philistine (excellent fellow!) accompanied me on my third expedition to witness the brilliant acting of Miss Elizabeth Robins.

BEN.

Reviews.

Medical Microscopy: a Guide to the use of the Microscope in Medical Practice. By Frank J. Wethered. M.D., M.R.C.P., Medical Registrar and Demonstrator of Practical Medicine, Middlesex Hospital. With Illustrations. Crown 8vo, 412 pp. (H. K. Lewis, 136, Gower Street, W.C.).

This is the latest addition to Lewis's well-known "Practical Series," being uniform with "Higgens's Ophthalmic Practice," Loves Parkes' "Hygiene," Lemers's "Diseases of Women," &c.

The title is somewhat misleading, for the author has thought fit to include in it nearly the whole subject-matter of such works as Von Jaksch's "Klinische Diagnostik," to say nothing of thirty pages devoted to the microscope and its accessories, a chapter on the examination of food and drinking water and another describing the chief "Bacteriological Methods." With regard to the description of the microscope and its accessories, we think it would have been better if the author had acted on his own suggestion, viz., "that an inexperienced person, instead of choosing for himself, should seek the advice of a more expert friend," and had omitted all that part of chapter I. which attempts to make the optical principles of the microscope intelligible to "practitioners and students," for whom the work is confessedly written. For instance, it is stated that the "qualities of a good objective are defining power, flatness of field, penetrating power, and resolving power," and then follows an attempt to explain the meaning of these terms in about four lines for each. The different kinds of microtomes are briefly described and figured at the end of the chapter.

The next section of the work, comprising some 110 pages, deals with the technical details of hardening, embedding, cutting, staining, injecting, and the special preparation of individual tissues. The formulæ, &c., are well selected, the processes accurately described, and the matter is written well up to date. The author does not hesitate to admit that many of the processes have not been tried by himself, whilst those which he has found useful are indicated.

There is a chapter, freely illustrated from Ziegler, on the examination of tumours, inserted because "for the purposes of diagnosis such examinations are frequently made in the operating theatre or post-mortem room."

Next the urine claims attention, and for the chemical examination readers are referred to large treatises. Urinary deposits are well described, and Sir W. Roberts freely quoted, *e.g.*, in classifying the causes of hæmaturia; but the author speaks of "amyloid casts" as occurring "in all forms of chronic renal disease." We thought it had been definitely settled that the lardaceous cast was a myth, and indeed it is only fair to add the author's admission, that "their diagnostic significance is not great." Under the head of Micro-organisms in Urine we find "Bacterinuria" divided, after Sir W. Roberts, into four groups:—

I. With incipient putrefactive changes.
II. With ammoniacal change.
III. B: without decomposition.
IV. Micrococci present without decomposition.

The expression "micro-organisms due to the decomposition of the urine after it has been passed" is an obvious example of putting cause for effect; on the whole the chapter on urine is a good one. The examination of the fæces naturally follows that of the urine and includes a preliminary microscopic description; a short but good account of the intestinal parasites closes this chapter.

The sputum is next considered on the same lines. In the microscopic part the author emphasises the importance of cleanliness in collecting the sample by a case sent to him as one of actinomycosis; the suspicion arose from some "minute white specks" in the expectoration which, however, proved to be nothing but small collections of starch grains. There is a useful paragraph in this section on spurious hæmoptysis, quoted from Dr. Douglas Powell, and a curious misprint on p. 272 where, speaking of corpora amylacea in sputum, the text runs thus, "the former (Friedreich) considers that they are derived from remains of *hæmorrhoids* in the lungs." Whilst describing bronchial and pulmonary calculi a case of Audral's is mentioned of a phthisical patient who in eight months expectorated no less than two hundred stones the largest of which was the size of a cherry. The microbes occurring in sputum are fully described, with the best methods of staining them; the author instances a case of phthisis in which he found the sarcinæ pulmonis first described by Virchow. After a short chapter on the examination of vomit, the various kinds of discharge are discussed, and the statement is made that in chylous exudations beyond fatty particles no charactistic bodies are found; this must be a mistake, for as the author points out on p. 191 of the book under consideration, "in chylous urine this worm (filaria) may be found. Where the author gives us his personal experience he is always interesting: *e.g.* he relates that in two or three cases of so-called "post-mortem" wart he found the tubercle bacillus. In the chapter on the blood there is a title that is new: Poikilocytosis is said to occur in "mycloid degeneration of the viscera," whatever that may mean. We notice that the author uses the term cystic kidney as synonymous with hydronephrosis, a condition of affairs that might imperil a candidate at the college.

The last three chapters of the work are respectively occupied by cutaneous parasites, examination of food and water and bacteriological methods. They are necessarily brief: that on bacteriology, however, contains as much as a busy practitioner would be able to carry out.

With regard to the production of this book we can find no fault—the print is good, free use has been made of heavy type to facilitate reference, there are very few mistakes of any kind; there is a good index and a fair

list of authors consulted. We have seen most of the illustrations before, but those that are new are good. Much has been written lately on "Tradesmen Practitioners." This book is eminently fitted for the busy man, and should stimulate him to remain a student through life by keeping before his mind the more scientific part of his profession. To those entering the wards it should prove a useful introduction to practical work, and men reading for their finals will find in it much valuable material for their consideration. It will not, of course, take the place of the more important works already existing on the same or included subjects.

G.

Elementary Physiology for Students, by A. T Schofield, M.R.C.S. This, an octavo volume of some 360 pages, illustrated with 230 figures, is a book that nowhere aspires to a higher standard than that indicated by the title. It aims only at laying the solid foundation, on which to build the whole superstructure of the intricate and advanced physiology of to-day. Its whole tone is essentially dogmatic, which should certainly be a feature of an elementary work. In very few places have rival theories been stated (*e.g.* the resistance of the living stomach to autodigestion and muscle fibres—though Schäfer's latest theory is not mentioned). The arrangement of the book is good, and from the first page sets the student thinking. Scattered through the book is just enough morphology to arouse interest and awaken curiosity. Unfortunately there are more than the usual number of misprints, and the chemistry introduced is often inaccurate and not sufficiently extensive. Of the former, instances are "crystals of hæmatin" for hæmin crystals, and "10,000 white corpuscles to the cubic inch"; as instances of the latter, it will suffice to mention that bile is called a powerful antiseptic, and that egg albumen is a constituent of plasma. Such anatomy as finds a place, is generally accurate, save for the statement that the diaphragm, by its construction, expels air through the closed vocal cords (p. 81). The introduction of such terms as "infarction of the spleen," and "constant pressure of uric acid," would only puzzle the elementary student.

G. L. E.

ARTHUR DURHAM PRIZES FOR DISSECTION, 1893.

First Year Students.

Mr. R. P. Rowlands	.....	Prize
,, J. O. Garland	.....	Certificate
,, E. J. Spriggs	.....	do.

Second and Later Years.

Mr. F. W. Rowland	.....	Prize
,, W. J. Rowland	.....	Certificate
,, A. G. Butler	.....	do.

PROPOSED RULES AND BYE-LAWS OF GUY'S HOSPITAL LAWN TENNIS CLUB.

RULES.

1. The Club shall be called "The Guy's Hospital Lawn Tennis Club."

2. The Club colour shall be blue, and orange stripes.

3. The Club shall be managed by a committee of eleven, five to form a quorum, who shall have power from time to time to make any rules or bye-laws for the regulation of the Club they may think necessary.

4. No one shall be considered a member of the Lawn Tennis Club unless he is a member of the Union, or joined the Hospital prior to October, 1891, and pays an annual subscription of 5s. Such subscription shall become due on the 1st of April in each year, and should any member's subscription remain unpaid on the 1st of May, after an application from the Hon. Secretary, his name shall be posted up, and should the subscription still be unpaid on the 1st July, he shall cease to be a member, but shall remain liable for the sum due to the Club.

5. A general meeting shall be held each year during the month of March, for the appointment of officers, and other business.

6. Each member shall be allowed to introduce one visitor, provided that such visitor be not a student of the Hospital.

7. The committee shall have power to suspend or exclude any member guilty of breach of rules or other misconduct, but if such member be dissatisfied with the decision of the committee, he may require them to call a general meeting of the members, when the decision of the majority present shall be final.

BYE-LAWS.

1.—General.

1. The Lawn Tennis Association Rules shall be the Rules of the Club as regards play.

2. Members must provide their own balls.

3. No one shall be allowed to play on any court unless he wear boots or shoes provided with india-rubber soles without spikes, nails or heels.

2.—For Hospital Court.

1. A list shall be placed in the colonnade every morning, upon which members must write their names opposite the hour on the following day at which they wish to play.

2. Members may not play more than two sets before 10 a.m. if others are waiting.

3. No member shall be allowed to play on two occasions during the same day if other members want the court.

4. Members not claiming the court within a quarter of an hour of the time booked, will forfeit their right to the court for that hour.

N.B.—The key of the court is kept with the College porter.

3.—For Honor Oak Park Courts.

1. Members of the Clubs' Union only shall be allowed to use these courts.

2. One half the number of courts shall be considered booked courts, and the other half free courts, and the use of them regulated by the following laws:—

Booked Courts. *(a)* any two players may engage a court for one hour, by writing their names upon the list provided in the colonnade of the Hospital, on the preceding day, any time after 10 a.m.; *(b)* no two players may engage a court for more than one hour on the same day; *(c)* any players who have booked a court, and do not commence to play upon it within ten minutes after the beginning of the hour for which it is booked, shall forfeit their right, and for the rest of the hour the court shall be considered as a free court.

Free Courts. *(a)* the first set of two or four players who reach the court in readiness to play, shall have the right of the use of the court for "3 sets"; *(b)* no players who have already played "3 sets" on one day, shall commence another set on that day if other players are ready to play.

3. On Tuesdays members shall be allowed to introduce ladies as visitors.

4. The ground-man has instructions from the Council of the Clubs' Union not to put up the nets when the ground is unfit for play.

BERNARD G. REYNOLDS, Hon. Sec.

GUY'S HOSPITAL DEBATING SOCIETY.

The last meeting of the Debating Society during the present term was held last Saturday, 11th March. Mr. Fripp presided. The officers and committee for next year were elected. Dr. Pavy as President, and Dr. Washbourn and Mr. Fripp as Vice-Presidents, were unanimously re-elected. The following also were elected as *senior representatives on the committee*:—F. G. Hopkins, R. O. Moon and L. A. Parry, with Messrs. Passmore, Spriggs and Anderson doing the like duty for junior men. Messrs. Pakes and Brickdale undertake the onerous office of Senior and Junior Secretary. It was decided also to re-apply for affiliation to the Union.

Mr. Daldy opened the debate of the evening. In proposing the resolution, he called attention to the fact the subject had been under discussion for a decade, and had also become involved in many inaccuracies. Moreover, it was a subject which required a first-class honours man in history to do it justice, and for that reason Mr. Daldy craved the indulgence of his audience. He next proceeded to give the history of the agitation for an easier degree for London medical students. In 1883 the British Medical Association passed a resolution advocating increased facilites for the acquirement of the M.D. degree; the resolution was sent to the Senate of the London University. After that came the Albert University scheme, *then* the One Faculty University scheme of the two Colleges, followed by an interval of Royal Commissions with alternative rejections of their reports by Convocation, the Gresham offer, and finally (?), another R.C. under Lord Cowper. Lastly, in January of this year, both Senate and Convocation presented a scheme really modifying the present University into a teaching University. Mr. Daldy further predicted (as the system of the future) the existence of a University at every great centre of population. London, he contended, has no University, for less than a fourth of London students *own* to the "London University;" and secondly, its degrees are above the reach of the "*average man.*" Finally, Mr. Daldy summed up the advantages to the medical profession of the proposed changes, dwelling chiefly on the absurdity of the present University calling itself the *London* University when more than three-fourths of London students did not belong to it. It was an "*Imperial University,*" and should therefore be so called.

Mr. T. R. Taylor opposing, claimed that Mr. Daldy's remarks, whatever their worth *per se*, were not arguments *for* the motion. Further, a teaching University was an injustice in that it gave undue opportunities to such as were benefited by birth and wealth. Mr. Taylor declined to forecast the future, and held that till each town had its own university the London ought not to be narrowed down to a local university. It was also his opinion that the term, "an Imperial Examining Board man," was a ludicrous and unnecessary change from the well-known term, "a London man." Of two great impediments to the acquirement of the London one was the time question, and the other stumbling-block was the matriculation examination. Inasmuch as the conjoint now required five years, entries for the London courses had largely increased in many medical schools and the matriculation examination was a sterling examination in the best interests of the profession, a fit guarantee of general education, and one which ought not to be swept away. The examinations were fair, and no single question was put which a candidate ought not to be able to answer. In ending, Mr. Taylor pointed out that an easy degree meant overcrowded schools, and overcrowded schools unpractical men.

Mr. Pakes, speaking for the motion, admitted that the present preliminary examinations were a disgrace, but was of opinion that the London degrees were out of the reach of the "average man." At present London students who wanted a degree lost for a whole year at least all benefit of our unrivalled clinical material; and, lastly, did not Mr. Taylor derive benefit in society through his degree?

Mr. Wakefield delivered, to my mind, the best debating speech of the evening, and was followed by another London University stalwart, Mr. A. P. Allan, throwing wholesale and wholesome ridicule on the conjoint signing-up system.

Mr. Pendred was melodramatic in finest style on supporters of the motion. Mr. Higgins was followed by

Mr. Lavington, giving lay opinion strongly against Mr. Daldy.

Mr. Taylor replied and Mr. Daldy summed-up, and there voted—

Ayes	10
Noes	13
Majority for Noes	3

C.P.H.

WHITECHAPEL FINE ART EXHIBITION.

Owing to the untiring energy of the Rev. S. A. Barnett, the St. Jude's Schools have, for the thirteenth year, been utilised as a fine art exhibition. The exhibition, which is within half-an-hour's walk of Guy's, cannot fail to charm all picture lovers. The exhibition this year, owing to the Chicago Exhibition, contains fewer old masters, otherwise its excellence is maintained. The modern French School is well illustrated, and lovers of Millet will see in "Haymakers" one of his most exquisite works. The great picture of the exhibition is "The Good Shepherd," by Murillo. Several R.A.'s, including Watts, Alma Tadema, and Millais, are represented. Messrs. Doulton have lent some of Tinworth's unique terra cotta panels. The exhibition will close on the 9th of April. Admission free, Sundays included.

A. P. A.

APPOINTMENTS.

Brodrich, C. C., L.R.C.P., L.R.C.S., L.M. Edin., has been re-appointed Medical Officer of Health for the Tavistock Rural Sanitary District.

Haslam, W. A., L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Junior House Surgeon to the London Temperance Hospital, Hampstead Road.

Thomas, Jabez, F.R.C.S. Eng., L.R.C.P. Edin., has been re-appointed Medical Officer at the Swansea Tinplate Works.

Tresidder, William E., M.B., B.S. Lond., has been appointed Honorary Assistant-Surgeon to the Nottingham Hospital for Women.

Williams, Henry, M.R.C.S., L.R.C.P., has been appointed Honorary Surgeon to the Nottingham Hospital for Women.

CALENDAR OF COMING EVENTS.

Mar. 27.—Last day for applying to Registrar for Form of Entry for Final M.B. Lond.

,, 28.—First Conjoint Examination begins.

,, 29.—Second Conjoint Examination begins.

April 5.—Third Conjoint Examination begins.

Sport.

RUGBY FOOTBALL.

Inter-Hospital Challenge Cup—Final Tie.

GUY'S v. ST. THOMAS'S.

This important Cup tie, to decide the ownership of the Challenge Cup for 1893-94, was played on Thursday, March 9th, on the Richmond Athletic Ground, not only in brilliant weather but before a brilliant assembly, including a considerable portion of the Staff, who always take such a lively interest in all our sports. On arriving at Waterloo, it was understood that the way to Richmond was by a special train, which was full up long before the time for starting. The trumpets, wind instruments of all kinds, and rattles, soon demonstrated to the officials that once more there was a tie to be played between these rival hospitals for cup honours. Arriving on the ground "safely," the stand in the open air attracted a great many gentlemen who agreed to pay, and also a few who fancied they had paid quite enough to come in to cover all expenses, but these were well looked after by the local policeman.

There were quite 3,000 people present when the game commenced punctually at 3.15, Ashford starting the ball for St. Thomas's, Jones returning into touch. The Thomas's forwards immediately set to work in fine style by forcing us over our twenty-five line, but Jones stopped the attack for a time finely. From a heel out Thorman received, and almost simultaneously, was tackled and brought down by Hancock. Thomas's forwards still tried us severely and continued pressing, but our defence was grand. At length Jackson relieved by running down the field but passed the wrong side, thus doing very little good, and our men were immediately rushed back again. Guy's now received a "free." Hancock kicking into touch; no good resulted, as soon after we were obliged to concede a minor. Hancock kicked out the ball, landing it in touch near our twenty-five flag. Jones now came away with good dribble to mid field, and Guy's were awarded another free kick for infringement of the off-side rule; a good kick was the result, and Bell following up very fast and collaring his man, play settled down in Thomas's twenty-five for the first time. Montague eventually relieved with a kick, and Thomas's forwards came away with the ball over the centre line. Bell got away but was finely collared by Graham. Some pretty passing by Jones and Jackson did a little good, but Thomas's forwards simply wheeled the scrums as they liked, thus giving our backs no chance whatever. From now, for at least ten minutes, excitement ran to a great pitch, for scrum after scrum was formed within a yard of our line, although the ball was taken over several times, the referee found it impossible to award either way so continued ordering scrums. St. Thomas's refused to heel out, whether it was wise or not

on their part is a question, seeing that their backs were undoubtedly weak. It is unnecessary to add, had we had the chances, our score would have been heavy. Guy's eventually cleared their lines, Ensor kicking into touch, and a few minutes after we again got relief by the bad passing of the Thomas's backs, though shortly after we conceded another minor. Hancock kicked out and Graham only managed to return to the middle; their forwards, however, forced us back, and in the mêlee Dudgeon got hurt, which necessitated his retirement for a short time. Not to be denied, our fellows played up well, Hancock putting in some good kicking and Rowland noticeable for his collaring. Soon after the whistle blew "half-time," with the ball in Thomas's quarters, a splendid drop by Alexander producing this. Score: St. Thomas's nil; Guy's nil.

Now, the general topic was, what was going to happen, everyone admitting the game was a good one. The lemons came on the field, as usual, to the evident disgust of one of the touch judges, a stray shot landing on his hat. The squeaks and wind instruments began to have all their own way, but it soon altered to the well-known tune, "Play up, Guy's," which announced the second half was about to commence. Shorland started the ball, and Bell following up, play settled down near their lines; Guy's heeled out, and Jones passed to Hancock; that player made a fine run, but was collared before he was able to score. Thomas's resumed their old tactics, by dribbling right down the field, to almost our line. Dudgeon now came back, bandaged up, to assist his side. Jones got away, and passed to Hancock, who, however, handed forward to Bell, robbing that player of a good run. Jones again got the ball to mid-way, but unfortunately, our forwards proved toys in the hands of the heavier opponents, and we could do nothing but get shoved back on our lines. Hood got the ball, and seemed certain to be in, when he threw the ball away. Another stoppage, elicited the fact that Alexander was hurt, but he played on in a most plucky manner to the finish. Thomas's then attempted to drop a goal, but it caused us some relief instead. Play continued in our twenty-five for a good time, till our forwards, for the first time, were seen dribbling through and Jones following up, collared Graham; Thomas's now had a free kick, the ball landing in our twenty-five. Some sharp passing now took place between their three-quarters, which ended in Thorman dropping a good goal for them, to the great delight of their supporters.

Shorland again kicked off, and the ball was returned to half-way. Jackson here played a little trick of his own and managed to run up the line for a good distance. Some very muddling passing by Guy's, and smart work by St. Thomas's, let Ogilvie in at the corner, and taking the kick himself, failed. Not down-hearted, Guy's played up well, and then was seen the finest play of the day, Stewart cleverly coming through, passed to Hancock, he transferred to Bell, and that player, making no mistake romped up the field, and gained a try between the posts.

The cheering was something to be remembered, all the Guy's men rising from the stands and waving their hats frantically, and it was renewed again when Jackson landed a goal. Thomas's started, and immediately assumed the aggressive, Ogilvie making his mark, Guy's at length conceded a minor. Shortly after the kick out Guy's got a "free," but the kick was a bad one, scrummaging again taking place. Elliott at last got away, and putting in a great barge on his own account, scoreda good try near the corner. The attempt at goal went wide. Shortly after, the whistle sounded "no side," with a victory for St. Thomas's by 1 dropped goal, 2 tries to 1 goal. 8 points to 5. Sides:—

St. Thomas's Hospital: V. Graham (back); A. W. Hooper, W. H. Thorman, J. Ogilvie (three-quarter backs); N. Hood, A. Montague (half-backs); W. Ashford, A. E. Elliott, J. Carver, H. R. Sedgwick, F. C. Adair-Thompson, S. O. Bingham, H. Haward, G. H. Dominy, A. Rouillard (forwards).

Guy's Hospital: K. B. Alexander (back); H. M. Stewart, W. I. Hancock, H. T. Bell (three-quarter backs); T. L. Jackson, M. P. Jones (half-backs); C. E. Covernton, R. S. Rowland, E. D. Hancock, E. T. Shorland, V. E. Collins, H. W. Dudgeon, N. H. Pike, J. W. Ensor, C. R. Nicholson (forwards).

Referee: Mr. G. Rowland Hill.

Remarks.—I think it will be admitted on all sides that the best team won; of that there can be no doubt. "No possible doubt whatever." I know full well that most Guy's men saw the match, and the reason for the defeat of our team is known too well by them, but to those of our readers who did not see the match, I might tell them that we were beaten by superior forwards, superior in weight and tactics. Our men are a light lot, and it was distressing sometimes to see the "scrum" rushed twenty yards at a time. All due credit must, however, be given to them for their wonderful perseverance and sound collaring. Everyone will compliment the Thomas's forwards on the clever game they played, Elliott being distinctly the pick of the lot. Our back division were sorely tried all the way through, but their defence was splendid. Jones and Alexander deserve special mention. Bell and Hancock did all they could behind such a beaten pack, but, consequently, were unable to shine in the open. Bell's try, however, was a grand one, and showed that if we hold our men forward, our combination behind is perfectly safe. Well, the match is over, and all I can wish now is that we may chronicle the reverse next year.

The football team this season has now put up its shutters;
I have to sing their praises, and this is what I utters—
We know you lost the Rugby Cup, but you kept your blooming pluck up,
Now all we want's some heavier men, and then must make them buck up.
For it all makes a difference,
Every bit of difference,
And this is what I fear,
Our forwards were too light,
Though they made an honest fight,
To win the Cup this year. S.G.L.

GUY'S v. EASTBOURNE.

On March 11th the team journeyed down to Eastbourne to play their return match with the town club. The day was gloriously fine, a slight sea breeze making the outing all the more enjoyable.

On arriving at the station about 12 we took our bags to the hotel and went for a lounge on the Parade, returning about 1.30, when we lunched at Gildridge's. After lunch we walked to the field, but the game did not begin till after 3, some of the home team being late in putting in an appearance.

Eastbourne lost the toss and started, but Guy's soon attacked on the left, and Poole shot over; we again rushed down, and Stamford kicked behind; but F. J. Lidderdale returned. Play was neutral until Stamford ran down and Fitz Hugh shot over. "Hands" was then given against J. S. Lidderdale, but the ball went behind; soon, however, Lavers had to save a high shot, but gave a fruitless corner. Eastbourne now did most of the attacking, their right wing rushing down, but Lavers kicked away Stamford and Murray then made a good combined run, and after some pretty play by Pendred, Fitz Hugh shot over. The game was now very fast, but all our attacks were broken up by Brown, who was in great form at back; soon, however, Poole got the ball in their 25, and scored from a long shot; play neutral till half-time.

The second half was of the same give-and-take character, but the game was not so fast, both teams seeming rather slack; soon after re-starting J. S. Lidderdale was conspicuous by a good save and a long kick, and after this "hands" was given against us near our goal, the ball going over. Each side now had to defend in turn; Brown and Topham for them, and the brothers Lidderdale and Poole for us, doing good work.

Murray then ran down, but Brown returned, and after another rush by our forwards Eastbourne's left wing came away and Storr scored after a single-handed run. Our men then attacked right along the line, and a scrum ensued in their goal, but their goal-keeper got the ball away, and play was taken to neutral ground; "hands" and offside, however, against us again enabled Eastbourne to attack, but our backs relieved, and Stamford sent in a good shot which was fisted away. Play then ruled fairly even till the close. A fast game ended in a draw—one goal each.

Guys: N. Lavers (goal); F. J. and J. S. Lidderdale (backs); E. A. Crossby, W. Poole, and H. Hewitson (half-backs); R. B. Stamford, C. E. Murray (left); R. F. Fitz Hugh (centre); B. F. Pendred and another (right).

After changing, we journeyed to H. J. Holman's rooms, where a most refreshing tea awaited us, and then again to see the town. Now, our only misfortune must be told. On arriving in the morning we learnt at the hotel that dinner had been ordered for us by the Football Club, and on this account Holman consented to put off the dinner he had kindly prepared for us. Imagine our dismay, on arriving at the hotel at 6, to find that the dinner was really ordered for the Old Leysians, and so we had to forage for ourselves, a fate all the more disgusting since one dinner, you may be sure a good one, had had to be countermanded. We returned to town in two batches, well pleased with our day's outing, as we always are when our journey is to Eastbourne, chiefly owing to the kindness we receive from old Guyites practising there.

UNITED HOSPITALS HARE & HOUNDS.

The annual contest for the Challenge Cup of this club resolved itself this year into a match between Guy's and St. Mary's. St. Bartholomew's, last year's "runners up," being unable to find a team. The event came off at Raynes Park on Saturday, 18th March, in the finest of weather. W. H. Kenrick (London) and L. H. Roe (King's) laid the trail over the Hospitals Championship Course, a distance of about nine miles, and twenty minutes later the competitors were started off. The officials were—Starter and timekeeper, P. Wilmot (Guy's). Judge, J. E. Dixon (Lea Harriers and L.A.C.) Although the going was light and the conditions favourable for establishing a record for the course, H. A. Munro preferred to stay back amongst the Guy's men and keep them together. Towards the end of the race he left the others and amused himself by catching up the hares. It will be noticed that Guy's secured the first three places and won the cup by 1 + 2 + 3 = 6 points to 4 + 6 + 7 = 17.

The seven competitors reached home as follows:—

	M.	S.
1. H. A. Munro (Guy's)	62	20
2. H. W. Dudgeon (Guy's)	63	30
3. M. E. Tresidder (Guy's)	64	15
4. G. E. Mould (St. Mary's)	65	1
5. R. Balderston (Guy's)	66	30
6. P. Mould (St. Mary's)	68	20
7. R. Sheppard (St. Mary's)	71	30

Births.

ATKINSON.—On March 12th, at Bainton House, Sherborne, Dorset, the wife of T. Reuel Atkinson, M.R.C.S., &c., of a daughter.

PERRY.—On the 22nd March, at Guy's Hospital, the wife of E. Cooper Perry, M.A., M.D., of a daughter.

ROWELL.—On March 9th, at East Rudham, Norfolk, the wife of Herbert Ellis Rowell, L.R.C.P. Lond., M.R.C.S. Eng., of a son.

We regret to record the death on the 6th instant of Mr. Charles Pierpoint Johnson, author of "British Wild Flowers" and "Useful Plants," and also a contributor to the "Encyclopædia Britannica." He was the son of the late Mr. Charles Johnson, who was for many years Professor of Botany at Guy's Hospital, and a notice of whom is to be found in the "Dictionary of National Biography." Mr. Johnson died at Camberwell, in the same house as his father, where the large old-fashioned garden was made available for his botanical researches. —*Athenæum*, March 11th, 1893.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1892 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence

Guy's Hospital Gazette,

APRIL 15, 1893.

NOTES ON A CLINICAL LECTURE By Dr. HALE WHITE.

Hodgkin's Disease.

The case we will go over to-day is that of a boy who died in John ward last week. There are several points of interest in his case, and I will state at the outset that he had Hodgkin's disease.

When he came in he was profoundly anæmic, and the problem that presented itself was to separate the symptoms of the anæmia from those of the cause of it. Every person with anæmia has more or less the same symptoms, due to the anæmia simply; to these there may be other symptoms added, due to the *cause* of the anæmia.

This boy had a sore throat ten weeks ago, and could not breathe well through his nose; shortly after, lumps were noticed in the neck, and he became short of breath. Soon after the appearance of the lumps, the tonsils were snared, because they were enlarged.

As we go through his report we will notice two groups of symptoms, those of the *anæmia per se*, and those of the *cause* of the anæmia.

The following may be given as symptoms of anæmia:—

1. Pallor.
2. Blood changes.
3. Dyspnœa.
4. Hæmic murmur.
5. Bruit de diable.
6. Feeble pulse.
7. Palpitation of the heart.
8. Dilatation of heart.
9. Fatty degeneration of heart. (P.M.)
10. Œdema of ankles.
11. Hæmorrhages.
12. Optic Neuritis.
13. Headache.
14. Giddiness.
15. Buzzing in the ears.
16. Coma.
17. Delirium.
18. Dyspepsia.
19. Amenorrhœa (in women).
20. Rise of temperature.
21. Wasting.

We have already learnt that our patient had the first, *pallor*; there was also evidence of the eleventh, for *hæmorrhages* were seen on *lips*, *purpuric spots* on skin, especially on one wrist where there was a largish bruise-like extravasation.

On examining the boy, the first thing that was evident was that the liver and spleen were enormously enlarged; further, enlarged glands were found.

a. Along the sterno-mastoid.
b. Under the jaw.
c. In the axilla.
d. In the elbow.
e. In the groin.
f. At the side of popliteal space.

So that symptomatic of the cause of the anæmia he had (1) large lymphatic glands, (2) a large spleen, (3) a large liver, and (4) we noticed also a dulness over the thymus and diagnosed lymphatic enlargement of that gland or enlarged mediastinal glands, the former being confirmed post-mortem. The tonsils were enlarged.

We next inquired about the lymphatic glands; they had enlarged rapidly and were *discrete*; on percussing the posterior mediastinum we could get no evidence of enlarged glands there, nor could we feel any in the abdomen.

These were all the symptoms we could find of the cause of the anæmia, so we next examined for the symptoms of it.

With regard to the blood, there were alterations in it, so the second of the above symptoms was present.

Red corpuscles 46 per cent., some of an irregular shape.

Hæmoglobin was also about 46 per cent.

There was no increase in white corpuscles.

Eyes.—There was hæmorrhage into the right disc (another evidence of the eleventh symptom). The other eye showed the twelfth symptom, as in it *optic neuritis* was beginning.

Heart was normal; so that he lacked the 4th, 5th, 7th, and 8th symptoms of the list of those which are common in all forms of anæmia. The pulse was however feeble, so that the 6th symptom was present.

Dyspnœa was present, (the 3rd symptom). On looking at him he was clearly *emaciated*, and so had the 21st symptom. We soon found he did not digest well, and did not care for food (18th symptom).

That was all we noticed the first day, but he had not been in long before his temperature was found to be continually raised; so he had the 20th symptom.

The next thing observed was that he had melæna, so we have now the 11th symptom represented by hæmorrhage from lips, gums, retina, skin, and bowel. Three days after admission, he had a sudden attack of hemiplegia, became comatose, had Cheyne Stokes' respiration. It was believed that he had hæmorrhage into the brain; and in the brain on the table, you can see the blood found post-mortem.

Diagnosis.—We had to run through the causes of anæmia, which may be:—

1. *Secondary to some well-defined disease or condition.*—Such as phthisis, hæmorrhages, syphilis, malignant disease, exopthalmic goitre, &c.

2. *Poisons.*—Such as lead and arsenic.

3. *Parasites.*—Such, however, are as a rule only met with in hot climates. They suck blood from the intestine or urinary tract.

4. *Primary anæmias.*—So called, because we do not know their cause; but what evidence we have, shows that it is due to some primary disorder of blood formation or destruction. These are:

Leucocythæmia.
Hodgkin's disease.
Chlorosis.
Pernicious anæmia.
Splenic anæmia.

The enlarged liver and spleen taken alone would point to leucocythæmia; but the greatly enlarged glands and the absence of increase of white blood corpuscles were against this, and there was no evidence of any of the last three.

It was therefore decided that he had Hodgkin's disease.

Post-mortem.—The diagnosis was completely confirmed. The liver and spleen were very large; the trachea and larynx had an enormous mass of enlarged lymphatic glands about them. There were enlarged lymphatic glands in the mesentery. Other structures had their lymphoid tissue hypertrophied. The kidneys had a peculiar mottled appearance due to hypertrophy of their normal lymphoid tissue; the lymphoid nodules of the intestine were enlarged; the condition of liver and spleen was due to the increase of their lymphoid tissue; and there is no doubt that microscopical examination would have shewn that this condition of hypertrophied lymph tissue was disseminated throughout the body.

Many hæmorrhages were found in the pleura, the mucous membrane of larynx, the œsophagus and many other places.

Causes of Enlarged Glands.—The question arises, What are the causes of enlarged lymphatic glands? and as many books have made some difficulty with regard to understanding these, through their nomenclature, we will go over the causes. They are—

1. *Hodgkin's disease*, called also lymphoma, lymphadenoma, lympho-sarcoma, and anæmia lymphatica. Of these names Hodgkin's disease and anæmia lymphatica are good, and one understands what they mean; but as to the other terms, we can do perfectly well without them, and they are somewhat vague, as, for instance, if you hear of lympho-sarcoma, you cannot tell whether the enlargement of the glands is primary or secondary to some sarcoma elsewhere.

2. *Leucocythæmia.*

3. *Syphilis.*

4. *Cancer.*

5. *Sarcoma.*

6. *Lardaceous disease.*

7. *Simple inflammatory* enlargement, as, for instance, in sore throat, or glands of the groin in gonorrhœa.

8. *Tubercle.*

9. Sometimes we get what seems to be a *simple enlargement*, but here the probability is that there is some primary cause which may be so slight as not to be noticed.

10. *Plague.*

Whenever you see a patient with enlarged lymphatic glands, you must go over in your mind all these causes. In this boy the cause was Hodgkin's disease.

With regard to the lymphatic glands in Hodgkin's disease, in the present case they enlarged in three months only, which is unusually rapid. This case shewed well that they

are generally discrete, unless they increase so rapidly that the capsule is burst, when they will grow together in a large mass. In Hodgkin's disease this is not usually the case. Whether they are hard or soft depends on the rapidity of growth; they sometimes grow so rapidly that hæmorrhages occur in them; they rarely caseate, and they have been known to suppurate, although this is so rare that many books deny it. Lastly, they are very liable to cause pressure symptoms; for instance, glands of the posterior mediastinum may press on the bronchi and prevent air from easily entering the lung. In the groin they may press on the saphenous vein, and œdema, and varicose veins, may ensue.

The characteristics of the glands of Hodgkin's disease therefore are :—

1. Simple enlargement of lymphoid tissue; under the microscope no adventitious growth can be seen as in cancer.

2. Enlargement usually slow, but may be rapid.

3. Hardness or softness depends on rapidity of growth.

4. If hæmorrhage occurs it means they have grown rapidly.

5. They generally remain discrete.

6. They may caseate, but seldom do so, and suppuration is extremely rare.

The order for enlargement is, so far as any definite order can be given :—

1. Cervical (as in this case).
2. Axillary.
3. Inguinal.
4. Retro-peritoneal.
5. Bronchial.
6. Mediastinal.
7. Mesenteric.

The others are so rarely enlarged that they would not come into an ordinary list. You must not be dogmatic about the order of enlargement of glands, because the last case I saw before the one we are considering had no external glands enlarged at all, except one in the groin, the retro-peritoneal were enormously enlarged, but still not enough to be felt in life.

It is a mere accident, due to their being easily visible, that the enlarged *glands* are especially symptomatic, the whole of the lymphoid tissue of the body is probably hypertrophied.

The most likely organ, after the lymphatic glands, to be affected with this overgrowth of lymphoid tissue is the spleen, which in this case was enormously enlarged.

The next most likely is the liver, and the next is the kidney, which, as you see, has a number of white nodules in it, and next to the kidney comes the intestine.

In this case, the dyspnœa was partly due to enlargement of the tonsils and of the lymphoid masses in the naso-pharynx; these are very common seats of lymphatic overgrowth in Hodgkin's disease; also the lymph tissue of the œsophagus was hypertrophied. The thymus was much enlarged from the same cause, but perhaps not so much as in a case which came in four or five years ago.

In all these places the microscope shewed overgrowth of lymphatic tissue. In this case the testicles were not visibly enlarged, but they were very markedly so in the case of a man who came in about two years ago and went out somewhat better.

The *spleen* is a very vascular organ, and hence hæmorrhages into its substance easily take place, and as you know, people with anæmia are liable to ante-mortem thrombosis in the heart, so the spleen is a favourite place not only for hæmorrhages but also for emboli, both of which occurred in this patient. The weight of the spleen was twenty ounces, and it was *uniformly* enlarged and had hæmorrhages and infarcts in it. This is different to what occurs in some cases, when, instead of enlarging uniformly, from lymphatic hypertrophy, this hypertrophy occurs here and there, with the result that you get white islets in the organ, forming the so-called hard-bake spleen.

The *kidney* in this case show numbers of large white islets due to this cause.

The *liver* is simply enlarged from lymphatic overgrowth, but never so much as in leucocythæmia.

The *bones* are occasionally affected, the marrow being hypertrophied.

The condition of *blood* was diminution of red corpuscles and hæmoglobin in about the same proportion, so that what corpuscles there were had about the proper amount of hæmoglobin; they were, however, more or less altered in shape. This is the usual condition of the blood in Hodgkin's disease. The white corpuscles were not increased.

Causes of Hodgkin's Disease.—No cause whatever is known with certainty. In a few cases, however, the first glands to be enlarged have been those that received lymph from some structure that had been inflamed. Thus, the first glands to be enlarged have been the inguinal, subsequent to gonorrhœa. It is interesting to note that this boy dated his illness from the

time he had sore throat, and the first glands to enlarge were those in the neck. The percentage of these cases is, however, so small that not much importance can be attached to them.

Of the *treatment*, unfortunately, little or nothing is known. No treatment has been found to do any good except that by arsenic, which does not cure, but only relieves; its action is obscure.

Prognosis is bad, if you have made up your mind that a patient has Hodgkin's disease you have practically decided that he will not recover; it is much the same as with pernicious anæmia; the patient may have arsenic and get better, but presently he comes back again, and he may do this once, twice, or thrice, but presently he sinks and dies. A person with Hodgkin's disease is always liable to die from hæmorrhage.

Lastly, an important clinical point. You will find it very exceptional to get a case corresponding with the description given in many books.

For instance, in a brief account you will be told that the lymphatic glands are much enlarged, the liver moderately so, and the spleen presents a characteristic "hard-bake" appearance.

With regard to leucocythæmia, you will be told that the liver and spleen are enormously enlarged, the glands moderately, and that there is an increase of white blood corpuscles.

Clinically, you get a number of cases which are intermediate between these two extreme types. The case in point illustrates this, because although the blood changes, and glands corresponded with Hodgkin's disease, yet the fact of the spleen being uniformly enlarged, seems to put the case in the category of splenic leucocythæmia.

Again, it is by no means exceptional to find in a case otherwise a typical example of Hodgkin's disease, a slight increase in the white blood corpuscles.

The point I wish to emphasize is that, clinically, at the bedside you will not often be able to say this or that case corresponds perfectly to either description. You will get all sorts of border-land cases with symptoms of one or the other type, and according as they are nearer to Hodgkin's disease or leucocythæmia, so you will call the case.

With regard to enlargement of marrow, you will find an anæmia described as due to, or associated with hypertrophy of the marrow; these cases, are sometimes allied to Hodgkin's disease, and sometimes allied to leucocythæmia.

NOTES FROM DR. SHAW'S DEMONSTRATIONS IN PATHOLOGY.

The Gall Bladder and Bile Ducts.

Under the heads of Ascending Hepatitis, Obstructive Jaundice, and Biliary Cirrhosis, the pathology of capillary bile ducts is dealt with in the sections on the liver.

Obstruction in the main ducts.—Pathologically this process is the same in the cystic duct as in the common bile duct, though the clinical significance is widely different. No jaundice resulting from obstruction in the former situation, and surgical treatment being successful.

In the lumen of the ducts gall-stones are the commonest cause of obstruction (1958, 1955[23], 1961[50]); but an ascaris lumbricoides has been found. The walls of the ducts give rise to obstruction when the seat of *simple stricture*, following the ulceration left by a gall-stone which, after being fixed in the duct for some time, has finally passed (1951[75]). And, secondly, when the seat of *malignant stricture*, and this, which is rather commoner, often follows on the same condition. The association of cancer and stone, at any rate, is extremely common; which of the two is the cause perhaps is open to doubt. Outside the ducts themselves pressure may give rise to obstruction in them. Abscess, hydatid, growth or gumma in the liver, may do this; or else the pathological pressure is due to some other organ—*e.g.*, cancer of pancreas (1955[20]), glands in portal fissure, infected secondarily from the stomach, or by immediate extension of gastric cancer, and less commonly hydronephrosis, aneurysm of hepatic artery (968), growth in adrenal.

Ulceration.—Unless this gives rise to stricture, or to ascending hepatitis, it is rarely of importance. It sometimes opens the duodenum (1961). It, however, has opened directly into the peritoneum and caused fatal peritonitis (1961[60]).

Rupture of bile ducts, the result of injury, is extremely rare (1951[80]); but the gall bladder is not uncommonly ruptured in severe crushing injuries to the abdomen (1959[61]).

Congenital absence of gall bladder (1952) is by no means a serious defect. It may shrink up, as the result of gall-stones (1953[50]), to a mere fibrous cord. Inflammation long continued may also end in calcification (1953[24]).

Dilatation of the gall bladder, unaccompanied by obstruction, may be paralytic and may be inflammatory—*e.g.*, if the wall is sloughing (1969[50]), as is the case sometimes in typhoid fever, generally the result of stone (1955, 1955[20]). Obstruction in cystic duct produces dilatation and distention with mucus (1966[1]); a sacculated condition is seen in 1955[40]; perforation in 1959[5]; adhesion to duodenum (1952[25]); perforation of colon (1959[20]).

Gall-stones, when composed of pigment, are generally small and black (1967[10]), when of cholestrine large and white (1975[32], 1976[20], 1977[50]), but it is common to find the two mixed in various degrees.

The Pancreas.

Clinically this organ does not often trouble us. A pancreatic cyst generally gets well after one tapping. Pancreatic obstruction causes lumps of fat to appear in the motions, and in diabetes mellitus one treatment is to feed the patient on pancreas. But little else is known of the pancreas that concern us at the bedside.

Laceration only in injuries so severe as to lose all pathological interest (1987[70]).

Accessory pancreas (1990).—Sometimes the distribution of the pancreas recalls that in the rabbit. Multiple ducts are not uncommon (1990[50]).

Pancreatic calculi are rare (1992, 1992[50]). Possibly suppuration of the pancreas when it occurs is due to these.

Dilatation of the ducts.—A general cystic-degeneration of the pancreas is found associated with a similar condition in the cerebellum, kidneys, and liver (1987[82], 1991). Simple isolated cysts are commoner, whether due to duct dilation or other causes (1988[10], 1991[80]).

Exposure of the pancreas in gastric ulcers has led to the suggestion that the ulcer originated in a digestive process set up by the pancreas.

A Duodenal ulcer has opened the pancreatic artery (3766). The suggestion was made that the starting point here was an abscess in the pancreas, but this is improbable.

Atrophy.—In diabetes, that the pancreas is sometimes found atrophied is well known. A primary cirrhosis is described (1988[20]).

Carcinoma invades the liver by extension, and obstructs the biliary ducts, and so first announces itself sometimes (1988, 1988[76], 1989, 1989[10], 1989[20]).

PERSONAL RECOLLECTIONS OF GUY'S IN THE FORTIES.

III.

THOMAS ADDISON.

But how to adequately portray him? Look at his marble bust at Guy's, with its strongly marked features, handsome face, grand head—a most excellent likeness; but it gives no more the idea of Thomas Addison, the clinical teacher of Guy's, than a photograph would. If one now tried to put a living soul into that marble face one could scarcely succeed better than with a marionette figure to give a true idea of the man. Because every movement of a very powerful and active mind was instantly reflected without suppression in his mobile and expressive features. His smile was very taking; but of many varieties. There was his smile of approval, the most charming to the object of it, as I well remember when after three days' contest for the Materia Medica prize, after descanting on the wonderful way the candidates had answered, he opened the envelope having my motto on it and presented me with the gold medal, with remarks with which I naturally entirely agreed and sympathised. But perhaps, reader, you think, you not being interested in the affair, would not have thought much of this smile of approval. Perhaps not quite so much as I did, but you would have been charmed nevertheless. Then there was the smile of triumph: I can see him, in memory, standing at the side of the post-mortem table sticking the point of a closed forceps into a portion of consolidated lung, elevating it in the face of all beholders, the smile of triumph playing in his face at the proof thus shown of his pet theory. For at that time he was much engaged in the study of "galloping consumption," and was deeply interested in the matter of pneumonic phthisis. But all this would not have made up the Addison. His was a large frame, above average height, of imposing carriage, and when in the attitude of triumph his shoulders were well thrown back and his face turned from one spectator to another. Sometimes the action might have seemed somewhat exaggerated, but it was evidently not studied; it was perfectly natural in a man of forcible character not accustomed to suppress his feelings. But once the class could scarcely suppress a smile when he entered the lecture room and standing with shoulders back and his hands behind and beneath the skirts of his frock coat he introduced the subject of the lecture, "Blains or Blebs, gentlemen." Then there was a pause for two minutes, he was evidently thinking of other matters, when he again rather pompously exclaimed, "Blains or Blebs, gentlemen." The contrast between the attitude and the subject was felt to be somewhat ludicrous; and this reminds me of our Skin Club. Addison, "at my time," was the only physician who paid much attention to skin diseases, and there was no special instruction of them to the student, therefore some half-dozen of us formed a club which we called "Skin Club." By the articles of entry each one bound himself when he met with a case of skin disease to call all the others to behold and discuss, and in case of our being puzzled, to take the case to Addison for solution. I can highly commend to the present students some plan of this kind, not only to utilize skin diseases, but any other case of unusual kind occurring in a hospital of such extent as Guy's. But Addison had another smile, namely, at our little mistakes or errors of diagnosis; but it was not unkindly given. Once I remember being the subject of it myself. When I mentioned a patient had cold extremities, and in doing so I instanced his nose was cold. Addison felt his feet, which were covered up and were moderately warm, and he said so to me, but I rejoined his nose was cold. Now I had till then looked at the nose as having the characteristic of an extremity; and ever since I considered it to give the same indications as the feet and arms as to the warmth of the system, but this only proves the old proverb that "great people sometimes differ." Addison was a good and engaging lecturer, even on materia medica, but as a clinical teacher he was especially fine, not so much for junior students as for the older; and many men remained after passing in order to study under him in

particular in "clinical." But the greatest treat of all was the short lectures he gave in the little room where Bright and Rees had worked at the urine, now called Surgical Registrar's Room. It was there that he "opened his soul" to the selected few, for he was too advanced to draw the attention of the men who "walked the hospitals"; and this reminds me of a weakness, if one might call it, Addison showed when he sometimes alluded to the large class Key drew in contrast to his own. And this feeling was shown in another way, for when a patient said he had been under Dr. Cock (meaning Edward Cock, surgeon) he would throw himself indignantly back and say, "and, I suppose, *Mr.* Addison." But then Cock was always by his patients called Dr. Cock.

Addison's chief point was diagnosis; his mind was principally directed to it; so much so as I have myself seen it lead him to forget treatment, till reminded by his clerk, when he would say, "You prescribe." His patience and perseverance in first of all seeking the cause of a malady, and then his sureness of diagnosis, was remarkable to all. To me it seemed very rapid, but it was by rapid exclusion of the "not likely," each of which quickly, by practice, he had excluded. When I was his clerk a case came into the hospital of very extreme emaciation. When the man lay on his back the abdomen resembled completely those effigies one sees in old churches of a skeleton covered only by skin—the aorta pulsating covered only by skin. After complete examination he could find no organic disease to explain it; and, after thinking a short time, he said, "I think his bowels must be clogged with fæces; give him two drops of croton oil." The diagnosis and treatment somewhat astounded us all. The man next day passed two chambersful of solid matter, and recovery immediately commenced and went on rapidly without further help than food.

A man came in with a scalded ankle under him, but it became so inflamed there was a doubt as to its nature. Erysipelas was expected, but he said either that or gout. In a couple of days it was clearly gout.

It was the time of the Irish famine fever, and many a half-starved person came into Guy's, generally illiterate, feeble in mind and body. A man was taken in; Addison chanced to see him before being warded, and asked him what was the matter. "Shure, dochter, I haven't been ill at all at all," was the answer. Addison was very patient, seeing the man was really bad, but to every question as to his present state the only answer that could be elicited was the one above. I only mention this as an incident of the period. He was very perturbed at times, for it must be understood that a person of his character could be sometimes the reverse of serene if at the necropsy anything was found which had been overlooked before death by himself or his clerk. A man was admitted in a high state of fever and most violent delirium. It was rather looked upon as a case of D.T., but the man died the second day. At the necropsy very acute pericarditis was found; the heart had not been examined at all, neither by Addison or his clerk; both were faulty, but the clerk had to bear the brunt of the blame—blame as it frequently follows and justly, not from our imperfect judgments, but from our carelessness in the mode of examining. I remember Addison insisting that before giving opinion on any case of abdominal disease the patient should be examined in bed, and it was Bright who, in his paper on abdominal tumours in Guy's Reports, insisted that before diagnosis was given the abdomen should twice be examined at some days' interval.

J. BRAXTON HICKS.

HAROLD GOODMAN DIXON,

Born at Wickham Bishops, Essex, November 7th, 1859.
Entered at Guy's, 1882.
Died at Shanklin, March 5th, 1893.*

Many Guy's men will remember the subject of these lines; how he was laid aside by spinal disease and abscess just when everything was making life most enjoyable to him—popularity on all sides and of the best kind, many-sided usefulness, most varied gifts, keen enjoyment and zest, fresh from day to day, in his work, a very honourable and blameless record in the past and the certainty of his taking some of our highest appointments before he entered on the work of a profession for which the seed already sown promised a very happy harvest. Those who knew Dixon best will remember—many of them to the end of their lives—the gentle patience, the unfailing courage and cheeriness which he habitually tried to show when the blow came upon him, instead of being depressed or morose, as many a man would have been with so fair a prospect thus untimely overcast.

After being at one or two private schools, Dixon matriculated at Cambridge, as a non-collegiate, in 1876. He took his B.A. in 1879, and the first M.B. in 1882, and entered at Guy's in the same year. In 1883 he passed the first F.R.C.S. There must be many Guy's men of that time who will recall the slight, active figure, the intelligent eyes behind the spectacles, the gentle smile, the genial voice, and lastly—whether the day was bitter with frost or glowing bright with summer's sunshine—some flower or green leaves in his button hole.

In April, 1884, while Dixon was holding the appointment of medical ward clerk, the shadow of what was coming fell across his path with girdle-pains and prominence and tenderness of the twelfth dorsal spine. It would appear that in 1879 he had had somewhat similar pains after a fall, followed by an abscess over the right sacro-iliac joint. Treatment by Sayre's jackets was first tried, and in October, 1884, Mr. Davies-Colley opened spinal abscesses which occupied the iliac and lumbar regions on both sides, about three pints of pus coming away. Dixon was now in Luke ward from October, 1884, to

* The writer would take this opportunity of saying that it would have been impossible for him to fall in with the wish expressed that he should contribute this little memoir to the Guy's Hospital Gazette, had it not been for the help given by Miss Dixon, and by Thomas Wilson Smith, of Bath, and John Mills Thorne, of Retford.

September, 1885. He then went into the country with a small sinus, which closed only to re-open quickly. He again lay in Luke ward from January, 1886, to June, 1887, when he went out with a Sayre's jacket, in which a small window permitted the dressing of a sinus. Within a month he was obliged to return to Luke ward for the third and longest period, viz., from July, 1887, to July, 1889. In August, 1889, both sinuses were explored and opened up, but no diseased bone that could be removed was found. In July, 1889, through the interest of a former Sister (now Mrs. Mugford) Dixon was invited to be a guest for some months at a Convalescent Home at Shanklin. To ensure his greater comfort the Residents and Dressers purchased a stretcher for his use, and on this some of them carried him from Luke ward up to London Bridge Station, the L.B.S.C.R. having kindly supplied a saloon carriage for his journey to Portsmouth. Accompanied by two most faithful friends he thus made the journey comparatively easily. As the Solent was crossed—Dixon pillowed on his stretcher—the steamer passed through the fleet anchored there a few days before the Manœuvres, a sight which he enjoyed greatly. On his arrival at Shanklin, first at the Convalescent Home, and then in lodgings, he was nursed with unremitting care by Miss Daniell, and when this lady opened Esher House Home, Dixon was the first patient received into it, and remained in it to the end. Dr. Cooper and Dr. Dabbs were always prompt to give any help that was required.

At first his health improved, and, recumbent on his stretcher, he was often taken for a sail or row by a sailor who soon, like everyone else who was much under Dixon's influence, became his fast friend. The power of sound repair was, however, lacking, a sinus on the right side persisted, while that on the left occasionally re-opened. About March, 1892, the beginning of the end, in the form of albuminuria, appeared; from this time Dixon slowly lost flesh and strength, until on March 5th, 1893, this most guileless of men, this truest of friends, and most patient of sufferers, *placide conquievit*.

It is very fitting that in a paper like this an attempt should be made to sketch the chief points in the character of one who took an never-failing interest in all things connected with Guy's, and who, while with us, was an example to all, and a blessing to many. Next to his charming sunny temper, and his patient cheeriness in years, sometimes of actual suffering—for in addition to the caries and suppuration, many will remember attacks of neuralgia, of iritis, and frontal herpes—and always of hope deferred and finally blighted, it was the use which he made of his excellent talents, and the number of interests which he crowded into each day's life that bore him up amongst, and gave him the victory* over, the trials of his closing years.

* "There are other moments higher and better, when there is such a thing in this so bewildering world as the victory of vanquishment, when the true man, crushed by evil chance, is yet the true man undestroyed by it and destroying it."—"The Deemster," by Hall Caine, p. 309.

Though very shortsighted and of somewhat frail physique, he could take his part in rowing, cycling, fishing, skating. When going home daily from Guy's along the G.E.R., it was his delight to make friends with the drivers and travel on the engine. He used to relate how, when travelling on the branch line between Witham Junction and Wickham, the driver told him of a "strange and vicious-looking bird" which he had frequently seen when passing a certain spot. One day the bird was seen, the train was duly, or unduly, stopped, and the *rara avis* turned out to be a kingfisher.

Botany, Photography, Meterology, Astronomy, were all favourite pursuits, and all taken up with praiseworthy thoroughness, as was shown by the ampleness of his knowledge, his lucid way of explaining difficult points, and his great power of extracting information from others. That he retained this last to the close of his life was shown by his minute knowledge of the set of the tides, the currents, the ledges, the fish, shipping, &c., chiefly obtained by occasional outings in a boat, lying on his stretcher, in Sandown Bay.

Some may remember the decorations in Luke ward at Christmas, 1886, a time when Dixon was spending there his second period, lasting one and a half years. The decorations were then unique, shields being placed above the beds carrying the heads and wings of various birds, most of which were prepared by him, the majority having been obtained by a great bird collector, Dr. Theodore Fisher, at that time his dresser. Other instances of his energy, enterprise, and habitual occupation of his time usefully were seen in his wood-carving. Thus he used to decorate small boxes and photograph frames, by most effectively carving out a white pattern on a dark ground. This he accomplished lying on his back; he used to crane his neck in order to throw his head well forward on to his chest, at the same time drawing up his knees in bed, and placing the work which he was carving against them. By a somewhat similar feat he used to examine microscopical specimens, and give opinions on slides of bacilli or growths submitted to him.

Only those who knew Dixon best will have any real conception of the influence for good which he exerted whilst lying in bed, year after year, in Luke ward. His bedside attracted many thoughtful men, but his influence was not confined to students. It is certain that many of the patients around him were touched by his patience, and that he was a real power in producing a spirit of loyalty and order in Luke ward, and also in raising the character of the conversation at his end of the ward.

Before we leave Dixon and Luke ward one little matter may be mentioned, as it was eminently characteristic of the large heart of the man. Noticing the careworn look of the ward-scrubber, an elderly widow, he gained her confidence, and was told that her two children were detained in America by relations of her husband, against her wish and theirs. Dixon, having made enquiries and being satisfied as to the character of the woman and the truth of her story, wrote to the Consul. The obtaining

of the needful papers, all the correspondence, and the making the requisite arrangements were undertaken by Dixon, and it was entirely due to him that the mother and her children were re-united.

To sum up the truth concerning Harold Goodman Dixon, ἐν ὀλιγῷ, is this—that whatsoever things are pure, are lovely, are of good report, whether in Providence, in nature, in literature, in science, in art—he loved these things with all his heart and soul.

And so it came about that he has left behind him a lesson which those who knew him best will treasure up faithfully, a lesson which the following inscription, written 60 years ago, felicitously expresses—

singulari morum suavitate
omnium omnis ætatis et ordinis
mirifice sibi concilians benevolentiam
per brevis sed actuosæ vitæ curriculum
et in valetudine infirma
consulens aliis prodigus sui

We have spoken at the beginning of these lines of Dixon's days being untimely overcast. But there is no doubt that the Hand which thus shaped his destiny with pain and bitter disappointment was all the time accentuating his influence, and causing his "light to shine before men" with an especially to be remembered vividness, which would, perhaps, have been impossible, had Dixon been permitted to live out his days in practice.

Guy's Hospital may well be proud that one of her sons has given so striking a proof that a man's life consists not in length of days but in the work he gets into them, a truth never so well summed up as in the old words, "*Non enim quæ longæva est senectus, honorata est, neque numero annorum multorum; sed prudentia hominibus est canities, et vita immaculata est senilis ætas.*"

W. H. A. JACOBSON.

DR. BIRDWOOD'S THEORY OF SMALL-POX—A CRITICISM.

Some hundreds of years ago, the earlier observers of smallpox looked upon its local manifestations as constituting the disease itself. Now, in this nineteenth century, on turning to the last volume of Guy's Hospital Reports, 1891, we find a precisely similar view enunciated, and Dr. Birdwood justly claims that consideration for his theory on smallpox his unusually large experience and position as an authority on the subject entitles him to, and which give considerable interest to a perusal of the article. His views, as expressed in it, appeared to me to be so much at variance with the conclusions I had drawn from my own experience of the disease, and that of others recorded in the literature of the subject, that I have ventured to make the following comments in response to his invitation of criticism.

As I interpret the proposition he advances, the main contention is, that smallpox is a disease of the skin and not a systemic disease, that the characteristic eruption is the disease, and it is produced by the deposition of infecting particles on the skin, which, by their local action, and number, alone determine the amount or extent of such eruption. At the outset a difficulty arises, for it is not quite clear what any individual particle of dust possessing these presumed qualities really is or consists of. The account of the cases of the little girl and the bricklayer gives the impression that the dust of dried crusts, and particles adherent to clothing are referred to; but it is obvious that particles of dried serum, whatever their contained or encased activity may be, can, by mere contact with the skin, exert no change, neither in themselves nor the cuticle, unless moisture is present, even then it is doubtful and has been considered. Curschmann says, "It is highly probable that the contagion never enters the unbroken skin. Both at an early date, and more recently, experiments have been made to determine this point, and wherever a success has been noted, it has almost always appeared that the virus had been rubbed into the skin with force, and for a length of time. It is probable, therefore, that the skin became superficially wounded in the operation." However, the author mentions the micrococcus variolæ (perhaps this is liberated from the breath of a smallpox patient) as settling on the skin. It would have made the matter much more comprehensive if advantage could have been taken of this physical property of an infecting particle, and the opportunity afforded by a smallpox ward, to have received some of them on a properly prepared glass side for microscopic examination. A veritable bacteriological prize, for at present there is not a consensus of opinion, what the active principle of variola really is. Bakewell considers that the contagion of smallpox consists of minute particles of liquid enclosed in hardened crusts, while others say it can be filtered out of the infectious serum or lymph, rendering it innocuous, some that micrococci or streptococci are found in smallpox pustules, and that the same microbes may be observed in those of the mucous membrane, and that they are found in the lymphatics of the skin, in the liver, the kidneys and the blood of the vena porta, while a protozoa has been thought to have a morbid influence.

To have had an actual specimen described might have enabled us better to appreciate the view of its proliferating action on the skin. Mention is made of the curious condition frequently noticed where the skin has been subjected to alternating pressure, by a brace, a garter, or the top of a tightly laced boot, and it is explained that the accumulation of pustules observed in these positions is caused by the accumulation of the infecting dust mapping them out; but the mapping is, I think, generally observed to be a filling in rather than an outlining of the space. I have frequently seen a still more singular fact, a crowding together of an eruption and confined to the portion of the skin where a sinapism had been recently applied. This was found to occur even in mild and discrete cases. An effect determined by causes arising a long time after the incidence of presumed infecting dust-deposit. It confirms what has been written on this subject: "Portions of skin upon which mechanical or

chemical irritation has acted either before infection or *during* the stage of incubation are usually affected in a very characteristic manner, even when the eruption is extremely scanty upon the remainder of the body. The pustules here are usually very abundant and even confluent." Dr. Wm. Moore, quoting Dr. Stokes, says practically the same: "The amount and intensity of the pustulation being in direct proportion to the vascularity and inflammatory state of the surface." In this direction may be sought for, perhaps, the reason why the trachea and bronchi so frequently and seriously suffer. The œsophagus is relatively much less vascular, but it is an error to consider that it is never affected, although the occurrence is not a frequent one, and I had examined more than one hundred bodies of smallpox patients before meeting with the specimen contributed to the Guy's Hospital Museum. The interest of it consists principally in that the pustules are not crowded together at the entrance, as generally described, but are regularly, if widely, distributed throughout its whole length. May it not also be permissible to attribute the freedom of the conjunctiva to its non-vascular condition? Many confluent cases have the skin of the legs and feet covered with the eruption, even the sole of the foot and heel is affected. Several of them at the time they were infected were probably wearing a gartered stocking, and further protected by boots and trousers. Dust may have reached the skin through these coverings, but only after some length of exposure to it; however, it is not easy to see why filtration of the air was available in the instance of the little girl and denied these cases. The case of the bricklayer presents a difficulty as interpreted by the light of the theory. The little girl's face was covered with eruption but the man's was scarcely affected, although in adjusting the rug he must have raised a cloud of infecting dust, and the hours of repose following allowed a favourable opportunity for its deposition upon the face.

(To be continued.)

THREE CASES OF SEVERE TALIPES TREATED BY OPERATION.

There are probably no cases for which more numerous modes of treatment have been advocated than for those for talipes equino-varus. A mere enumeration of them would form a startling list, and it is a safe inference that the multiplication of methods indicates the inefficiency of the majority of them. Cases of congenital talipes often cause the young practitioner a good deal of trouble, especially among poorer patients whose mothers persistently refuse to follow out instructions to gradually rectify the bad position of the foot by manipulation; and the common result is the ultimate application of huge iron splints, cumbersome, and often ill adapted to procure the desired result. The following cases illustrate two modes of treatment which will in time probably displace many earlier methods.

Case I.

F.N., aged 2 years, admitted into the Victoria Hospital, Hull, December 5, 1892, for very marked left talipes equino-varus, existing from birth. The child could not walk, left foot inverted so that the front part formed an angle of 120° with vertical axis of limb. Position could not be altered much by manipulation.

13th. Tenotomy knife inserted on inner side of foot beneath the skin, and everything freely divided subcutaneously down to and including the ligaments of the astragalo-scaphoid joint. Tendo Achilles then divided. Foot forcibly everted, and put up at right angles in a plaster of Paris splint. The child had no pain after the operation; there was no rise of temperature; and on the removal of the plaster case on January 27 the foot was in excellent position; there was no tendency for the deformity to recur; wound healed. Since then there has been no indication of recurrence.

Case II.

W.H.R., aged 2, came under my care December 2nd, 1892, for left talipes equino-varus, congenital, if anything rather worse than that of the last case. The same operation was done (December 13), the mal-position rectified, and the foot put up at once in plaster of Paris. This case did equally well, and when the splint was finally removed (January 27) the foot was plantigrade, and showed no tendency to revert to the old deformity.

Case III.

T.E., aged 9, came under my care March 21st, 1892, with marked talipes varus, slight equinus. He walked on the outer side of os calcis, cuboid, and base of fifth metatarsal. Astragalus and cuboid bones very prominent. There was a deep groove on the inner side of foot, and the calf muscles were much wasted. Deformity not altered by manipulation.

March 23rd. Astragalus excised by a curved incision over its most prominent part. The foot could then be brought nearly, but not quite, straight. A portion of the anterior end of the os calcis, including the articular surface of the cuboid then removed, and finally the ligaments and tibialis posticus tendon on inner and under side of foot divided as in the preceding cases. The foot now came into very good position, and remained so; cyanide dressings and Croft applied. Wound healed by primary intention, and the foot was kept in the Croft until June 9th, though he was permitted to walk about three weeks after the operation. On removal of Croft the foot was quite straight, there was a little movement at what was the ankle-joint, and shortening of the limb by about one inch. The patient now wears a thick-soled boot, and is rapidly becoming an efficient football player.

These cases, up to the present time, have all had excellent results—they wear no splints, treatment lasted only a few weeks, and there appears to be no fear that they will be required to drag about a complicated iron mechanism for the rest of their existence. In all of them there was, no doubt, bony deformity, counteracted in the first two cases by moving the front part of the foot

on the back portion at the transverse tarsal joint, and in the latter case by actual removal of bone. A discussion of the other methods that might have been adopted would occupy far too much space; it is sufficient to say that the method chosen—immediate rectification and fixation in plaster of Paris—in each case answered admirably.

ALFRED PARKIN.

Hull.

PASS LIST.

FIRST CONJOINT EXAMINATION.—April, 1893.

Elementary Biology and Anatomy.

Batchelor, F. S.
Bernard-Onraët, H.
Clapham, S. C.
Cousins, J. S.
Davies, E. I.
Dixon, J.
Evans, Edward.
Fuller, W. A.
Gough, B. B.
Grellet, W. P.
Harvey, W. J. S.
Heath, F. H. R.
Hull, A. J.
Isaac, B.
Jones, J. H.
Kinsey-Morgan, A.
Marsh, H. R.
Mossop, C. H.
O'Meara, E. J.
Radley, R. W. J.
Regnart, H. C.
Simson, H.
Thornely, M. H.
Walters, J. B.
Way, M. H.
Weekes, C. P.

Elementary Biology only.

Barker, H. J. M. D. S.
Falwasser, A. T.

Elementary Anatomy only.
(New Regulations.)

Cawston, E. A. S.
Croneen, A.
Evans, Evan.
Fell, R.
Glover, J. A.
Green, W. R.
Lower, C. A.
Moore, P. W.
Sells, C. B.
Walling, H. W. B.
Watt, J. G.

Chemistry and Physics.
(New Regulations.)

Walling, H. W. B.

Elementary Anatomy and Physiology.

Ambrose, A. C.
Anderson, C. T.
Balderston, R.
Cleveland, A. J.
Clowes, E. F.
Crosby, A. E. B.
Davies, E. C.
East, W. N.
Fitz-Hugh, R. T.
Garland, J. O.
Goldie, F. W.
Griffiths, D. R. T.
Hodgson, C. R.
Hurst, L. H.
Lavers, N.
Lee, F. W.
Mayston, R. W.
Miller, H. R.
Mottram, G. N.
Nicholson, C. R.
Passmore, A. B.
Peile, H. D.
Powell, A. W.
Rowland, R. J.
Rowland, R. S.
Rowlands, R. P.
Rygate, A. M.
Smith, W. H. M.
Spriggs, E. Ivens
Stabb-Johnson, E. W.
Starling, H. J.
Worts, C. C.

Elementary Anatomy only.

Alabone, M. A.
Brookhouse, C. S.
Brown, G. M.
Fryer, E.

Elementary Physiology only.

Jones, R. O.
Knight, F. C. R. M.
Pedley, J. K.

Chemistry and Chemical Physics.

Alabone, M. A.
Body, T. H.
Collier, H. N.
Evans, C. R.
Hitchins, F. C.
Longhurst, S. H.
Miller, H. R.
Smith, H. V.

Materia Medica and Pharmacy.

Cloud, F. H. L.
Cock, H. E.
Hedden, R.
Smith, H. J. M.
Waymark, W. E.

SECOND CONJOINT EXAMINATION.—April 1893.

Anatomy and Physiology.

Ashwin, R. H.
Bell, H. T. S.
Burton-Brown, G.
Collins, V. E.
Daly, N.
Dolman, A. J.
Ferraby, H. P.
Foster, J. J.
Hancock, W. I.
Hicks, H. T.
Horton, W. A.
Howell, J.
Levick, G. K.
Moon, R. O.
Parfitt, J. B.
Pike, N. H.
Plummer, W. E.
Reed, J. C. G.
Webb, G. B.
Whicher, S.
Williams, H. L.
Winter, W. C. P.
Wood, W. R.
Worts, L.

Anatomy only.

Hall, E. S.
Scott, E. Norham.

Physiology only.

Brown, R. T.
Burton, C. G.
Layman, S. G.
Robertson, J.
Thomas, E. R.

PRIZES.

Golding-Bird Prize and Gold Medal.

Mr. E. A. Peters.

Beaney Prize in Pathology.

Mr. F. J. Coleman.

Michael Harris Prize in Anatomy.

Mr. W. E. Plummer.

ROYAL COLLEGE OF SURGEONS, ENGLAND.

The Diploma in Public Health was granted to the following Guy's men in February last:—

Owen Coleman.
W. R. Etches.
W. E. Fielden.
F. F. Jones.
A. E. Tebb.

Passim.

We have much pleasure in announcing that Mr. Durham and Mr. Brailey, as President and Treasurer of the Clubs' Union, have, in association with Mrs. Durham and Mrs. Brailey, kindly undertaken to entertain the members of the Union and their friends at Honor Oak Park on the occasion of the opening of the field, on Wednesday, May 3rd.

The interesting cricket and tennis matches arranged between past and present students on that day, and the popularity of the president and treasurer of the Union, should ensure a very large meeting, if only the weather will be kind to us.

We hope that all old Guy's men will make a point of being disengaged on that day, in order that they may share in the doings of what should prove a very enjoyable occasion. Our readers will be interested to see in a letter from Mr. Busteed, which we publish to-day, the names of the gentlemen who are to compose the "Past" cricket team, with the years in which they respectively played in the cup team. The names are a guarantee of first-class sport. The "Present" men will do well to remember the experience of their football colleagues, and look to their laurels. It was a happy thought to arrange a "Past v. Present" match for so special an occasion. We trust our readers will remember the date—Wednesday, May 3rd.

There will be a keen competition for places at the dinner in the evening, over which Mr. Durham is to preside, and general regrets that the College Hall is not twice its size.

Our late matron has entered on a new sphere of activity, and has been duly elected a member of the Chiswick Board of Guardians. Guy's breeds a spirit of activity in all who have worked within its walls, which refuses to be quieted on retirement.

The death of Baker, the attendant in the Physiological Laboratory, will be heard of with regret. He had been a servant of the Hospital for no less than twenty years and had an excellent record.

A correspondent writes to us to suggest that we might do more towards making these columns interesting to men not yet in the wards. We are very anxious to do so, and any help in the matter will be greatly welcomed. At the same time, we hardly think our correspondent's idea, that lectures other than the Clinicals should appear in the Gazette, is very feasible. The great majority of the science lectures are inseparable from the course of which they form a part, while the clinicals are complete in themselves. We would remind men in the dissecting room, however, that our columns are always open to contributions from themselves, and, as already stated, we shall be very glad of their assistance.

We have received several complaints because of the removal of the list of contents from our front page. To say the truth, our advertising columns are much sought after now, and the "contents" had become an expensive luxury in that position. We propose, in our next number, to adopt a fashion much in vogue with other periodicals, and publish this important item on the last but one of those advertisement pages which precede the matter.

Mr. Tubby will take the Evelina out-patients on Saturdays.

We are now definitely prepared to carry out the scheme proposed some time ago for the description of pathological specimens in these columns. Our readers can, as heretofore, send

specimens for cutting and mounting to Hunt, at the museum; but further, if their communication is endorsed "Gazette," the slide, when prepared, will be described by competent authorities in a special column. Specimen will, of course, also be sent as before, and the half-crown fee to Hunt will remain the same. Address—"H. Hunt, The Museum, Guy's."

THE SMOKING CONCERT.

The last of the series of Monthly Smokers was brought to a successful issue on Saturday, March 25th. Seldom has there been such a full house, and certainly never a better programme. To Mr. Jewell we are indebted for the labour of compiling the "Mammoth Bill," and to Mr. Jackson-Lang for obtaining the services of several leading lights of the profession, who so kindly gave of their best for the gratification and amusement of an enthusiastic audience. Among the members of the Staff present were Doctors Hale White, Horrocks, and Campbell, Messrs. Golding-Bird, Brailey, and Dunn. Mr. A. W. Sheen took the chair at 7.45, and the concert opened with a pianoforte solo by Mr. Jackson-Lang, Mr. Oram following with "For love of thee," given in good style. Mr. Dutch Daly and his concertina received a hearty reception. His "wheezes," though so well known, gave infinite amusement to all. His most successful executions were the "Bagpipes," the "Church Organ," and "Chimes," the last his very best, while the imitations of a cuckoo, a canary (male and female of the same gang), and of an "Organette with a dyspeptic note in it," were very funny. In response to an encore, Mr. Dutch Daly regretted his inability to perform again, and expressed his thanks for his "encouraging reception." Mr. Eden gave a clever rendering of "The Three Anglers," which gained him an irresistible encore, "The City Man" being given in response.

Messrs. Rundle and Matthias, old favourites, gave an excellent banjo "medley," comprising such well-known airs as "The Man that Broke the Bank at Monte Carlo," "The Rowdy Dowdy Boys," "Rose of our Alley," "Simple Pimple," &c., &c. Mr. Jackson-Lang contenting himself with another revival of "Enough said." His charge against the Dental School where—

> "Young ladies, I hear, will wait by the score,
> For days, weeks, and months, and *I'm told* often more,
> Until someone comes up and shows them the door.
> Enough ——."

evoked no unfavourable reply.

We should answer, if asked, if Mr. Layman was, as usual, "Yes! Yes!" his *inevitable* verse on the "Footer" season, specially so. Mr. Robinson made a new departure, "Chevalier-like," with "Rose of our Alley" (certainly one of the "great comedian's" very best written songs), and gave later, tuneful but silly, "Mr. Porter," effectively.

Mr. Taylor diverted our thoughts into quieter channels with "Margarita" and "The dear Homeland," sung with excellent expression; and Mr. Morton was "Suggestive," being associated with Mr. Allport in "The Little Peach" (sung "with great success" at the famous Freemasons' Tavern "Smoker"), and in "Tar-a-diddle."

Loud calls caused the singing and *acting* of "Sister Mary," by Mr. Allport.

Mr. Minshull gave "A Night of it" and "Football."

Mr. Lulham was the "refining fire" in his sketch of "Mossoo in London!" One sentiment (may be, 'twas satire) is too true—"The Germans, doncherknow, are hardly foreigners, for they are always with us, doncherknow!" Then "You know there is the real Frenchman—the ideal La Belle France," &c., &c. How true and realistic it all seemed, until the next whisky and soda washed it down. "Mossoo at the Company's Dinner" was most diverting. I imagine it was not the first city dinner "mon ami" attended. How much there is in his final "I eets; I am sorry I eets no more, but I 'ave ze no time. I come agen!"

Mr. Montague's "coster" rendering of "The Merchant of Wenis" was certainly one of the hits of the evening. Worshippers of the "Immortal Henry" were doubtless shocked (perhaps they trembled for the public taste) at first, but as "the new Shakespeare" unfolded itself scene by scene, the fun was irresistible. It was a "free education" version with a vengeance, and was greatly appreciated. In response to an undeniable encore, Mr. Montague gave an excellent imitation of an "Elocution Competition," and later was responsible for a "Public-house Story."

A clever and successful card-trick turn was afforded by Prof. Demanche, his sleight of hand being wonderfully smart and effective. His exposé of card sharpers in general, and the three-card-trick in particular, received wrapt attention. One gentleman incidentally remarked to me afterwards, "I lost thirty shillings over that monkey trick at a country fair some time back." Those who want to be in the know should lose no opportunity of seeing the Professor at some future date. Mr. Charles Collette, who has been associated many times in musical entertainments at Guy's, was at his best in the "Spache of an Oirish M.P(ay)!" and gave a description of the "Charms (?) of his Lady-Love." Mr. Michael's "What do *you* think?" would have met with more success had it been better known. That leading comedian, Mr. Charles Coburn, was accorded a hearty welcome. Of course no one expected or wished for anything but the famous "Monte Carlo" song, the final chorus, I venture to submit, *did* have plenty of "hair" on.

Hearty cheers were given at the conclusion of the programme for Mr. Jackson-Lang, the artistes, and the members of the Staff. The usual singing of "Auld Lang Syne," with a "Special Scotch" accent, terminated a most successful and enjoyable evening's entertainment.

NOTES FROM THE DISPENSARY.

(Extracts from Klinisches Recepttaschenbuch, *continued*)

Camphor and Benzoic Acid employed hypodermically. The hypodermic injection of stimulants is confined at Guy's to brandy and ether, but at Berlin camphor and also benzoic acid are used. The following are the formulæ:—

℞ Camphor 1·0
Ol. Olivæ 4·0
M.D.S. Zur subcut. injection.

℞ Acid Benzoic
Camphor aa 0·5
Aetheris Sulf. 10·0
M.D.S. Zur subcut. injection.

Antipyrin.—This drug is administrated subcutaneously in acute rheumatism and typhus abdominalis when baths are not suitable.

℞ Antipyrin.
Aq. destil. aa 5·0.
M.D.S. Zur subcut. injection.

Quinine Hydrochlorate.—This salt is used for the preparation of hypodermic injections. It is soluble 1 in 34 of water, but by the addition of glycerine a 1 in 10 solution can be made.

℞ Chinin. Hydrochloric 0·5.
Glycerin aa 2·5.
M.D.S. Zur subcut. Injection
(lauwarm zu injiciren).

I do not think that the hydrochlorate of quinine is so well adapted for hypodermic injection as the acid hydrobromate, which is richer in alkaloid than the sulphate, and dissolves 1 in 6 of water.

This salt is entirely unirritating, and the bromine element tends to correct quinism. Many years ago I prepared for Dr. Galabin, for hypodermic use, the kinate of quinine, which is soluble 1 in 4 of water. It has not, however, the same quinine value as the acid hydrobromate.

Caffeine.—This alkaloid, in combination with salicylate, cinnamate, or benzoate of soda, is used at Berlin as a substitute for digitalis; it is said to act more rapidly and is not cumulative. Coffeinum natro-benzoicum, natro-cinnamylicum, and natro-salicylicum contain respectively 48·5, 58·9, and 60 per cent. of caffeine.

The following is the formula for the hypodermic injection of caffeine:—

℞ Coffein. natro-salicylic 1·0
Aq. distil. 10·0
M.D.S. Zur subcut injection.

Dermatol Dusting Powder.—Dermatol is a compound which was introduced some time ago as a substitute for iodoform. It is chemically a subgallate of bismuth, and occurs in the form of an odourless yellow powder insoluble in water. It has been used considerably on the Continent in the treatment of venereal skin affections, in soft chancres, &c. It undoubtedly possesses considerable microbicide properties, and is perfectly non-toxic. Messrs. Burroughs, Welcome & Co., Snow Hill Buildings, London, E.C., are agents for the sale of a Dermatol Dusting Powder, which is a mixture of dermatol with starch and other harmless matters. It possesses slightly astringent but soothing qualities, and is a most appropriate application in all cases of moist or irritable conditions of the skin, such as blisters, chapping, chafing and abrasions, and also on account of the non-toxic character of the ingredients for general nursery purposes.

Ethyl Chloride Spray.—Ethyl chloride has lately come into use as an agent for producing local anæsthesia, and the very favourable reports published of the results obtained would indicate that it is a rapid, reliable, and harmless anæsthetic. This compound is extremely volatile, and can be kept only in hermetically closed tubes. An ingenious arrangement, designed by Dr. Bengué, is sold by by B. Kühn, St. Mary's Hill, Eastcheap, which is exceedingly convenient for the production of local anæsthesia. It consists of a glass tube, drawn out at one end to a capillary orifice, upon which is fixed a metallic screw-thread. On this screws a cap, lined with india-rubber, which closes it so tightly that the chloride is prevented from evaporating. To use the instrument it is only necessary to unscrew the cap and to hold the bulb in the hand. Ethyl chloride escapes in a fine jet. The part upon which the jet of vapour plays first becomes pink, then red, and after forty to fifty seconds perfectly white. The anæthesia is then complete and lasts about two minutes. To produce local anæsthesia the jet must be directed on the part, holding the nozzle six to eight inches from the skin. For the treatment of neuralgia, where a larger surface is required to be acted upon, a tube with an ordinary spray is required, the fine jet acting upon a small surface only.

H. COLLIER.

GUY'S HOSPITAL STUDENTS' CLUB.

The Committee and Officers of the Students' Club have just been appointed for the ensuing year, as under:—

President ... ... Mr. Durham.
Treasurer ... ... Mr. Symonds.
Secretary ... ... Mr. Fripp.
Assistant Secretary Mr. R. H. Fagge.

Messrs. Bell, B. G. Reynolds, A. P. Allan, E. N. Scott.
Drs. Goodhart, Hale White, and Washbourn, and
The President of the Residents.

We would remind members that the easiest way to get grievances redressed is to carry the complaint directly to one of the members of the Committee *in addition to* entering it in the suggestion-book kept for the purpose in the library. If, at the moment, a committeeman cannot be found, it would not be a bad practice for members to write a note, giving as far as possible the details of the complaint, to one of the secretaries. The Newspaper Committee who are especially responsible for the presence and good condition of the newspapers, periodicals and time-tables for the ensuing year are Dr. Washbourn and Messrs. Fagge and Allan.

Correspondence.

To the Editor of Guy's Hospital Gazette.

MUSEUM NOMENCLATURE.

Dear Sir,—Your correspondent, "Up for Finals," gives as an example of risorious diagnosis: "*The doctor says he's got peritonitis in his wrist-joint.*" If he can spare a few moments from his examination duties to ascend to the first gallery in Betts' museum, he will find on one of the lower shelves (I think), on the right-hand side of the centre of that wall which is parallel with and adjacent to St. Thomas's Street, a pearl of great price in No. 1232[31] "*Peritonitis of Tibia.*" An unique specimen like this ought *not* to be left out loose simply to lead pathological visitors into temptation. I would suggest that it should be preserved in a special cabinet along with the specimen of "*Dyspnœa in an infarct,*" said to have been recently shown at Dr. Shaw's demonstrations. Unfortunately we have as yet no specimen illustrating the rare condition of "*Hæmorrhoids in the lungs,*" alluded to in your review of Dr. Wethered's book. Other curiosities in the immediate neighbourhood of the tibia mentioned above, which cannot fail to interest the student of Early English are—1251[53] "*Carcinoma of tiba,*" 1251[65] "*Growth in sharft Tibia,*" and 1160[86] "*Oste-chrondrom of femur.*" Query: What is the superannuating age in the Pickling Department?

With apologies for space, yours truly,

VIR ACUTUS, MENTE ΑΠΤΤΑΥΜΩΤΟΣ.

Dear Sir,—The old conflict of "Student v. G.P." has, I see, once more been revived in your columns. As a *middle-man*, viz., an humble assistant, and therefore in sympathy with both classes, I should like to offer a few common-sense remarks. In the first place, no one will deny that there are, and always will be, a certain number of abject duffers in practice; let us hope they are few, and that such gross and inexcusable mistakes as those quoted by "Up for the Finals" do and will occur. Secondly, all statements made by patients must be accepted with the utmost reserve—terms used and statements made to such are too often misconstrued or misunderstood by them. Thirdly, there is, in my opinion, and I think it must be generally admitted, a very great tendency amongst students (and residents) to sneer satirically at anything done or said by a G.P., and this they are not always careful to hide from patients. Hence the misunderstanding between the two classes. In conclusion, might I suggest to students of the present day to bear in mind the old proverb—"Silence is golden," and to refrain from expressing opinions before patients; also, whenever possible, to take the part of the G.P., for they will find that, as soon as they throw off the cloak of the hospital, they will (most of them) have to start at the very bottom of the *ladder of General Practice*, which is by no means an easy one to climb.—Yours truly,

April 1, 1893. COMMON-SENSE.

Dear Sir,—I send you a note of a case which I believe may be interesting, because I do not find any treatment in any books which would apply to this, or such an one as this, and because my treatment turned out very satisfactory. Mrs. H., age 30; had one child four years ago, which she told me was "a very dangerous labour and that she nearly lost her life." Called to attend her at 7 a.m. On examination found vertex presentation, head well down in the pelvis; "pains" strong, about every five minutes. The os just admitted two fingers, but felt like a "bony ring"; impossible to dilate in any way, although I tried. I suggested that Dr. Braxton Hicks should come and see her, and the husband went for him; he being engaged, sent on to Dr. Horrocks, but before they could arrive I found that the pains were so strong and that the walls of the uterus were getting so thin, and fearing with each one the uterus might rupture, I divided the cartilagenous ring in two places—anteriorly and posteriorly, applied forceps rapidly and removed the placenta at once. There was a good deal of hæmorrhage, which, however, soon stopped, and the patient made a good recovery. There has been no union of this cartilagenous ring, which was about half an inch in thickness, since.—Yours truly,

March 25, 1893. A. CHURCHWARD.

Dear Sir,—As so much interest seems to be taken in the Past v. Present match, to be played on May 3rd as the opening match of the new ground, I enclose you the names of those who have kindly consented to play for the former, with the years in which they represented the Hospital in the Cup ties. Hoping it may prove interesting to both past and present students.—I remain, yours very truly, J. H. BUSTEED.

Past Team for May 3rd, 1893.

W. J. Scott ...	1884	1885	1886	1887	
A. D. Fripp ...	1884	1885		1887	
S. Wacher ...	1882	1883	1884	1885	
E. J. D. Mitchell	1885	1886	1887	1888	
W. G. Mitchell ...	1887	1888	1889	1890	
H. B. Bolus ...	1885	1886	1887	1888	
F. Colclough ...	1886	1887	1888	1889	1890
E. Reid	1889	1890	1891	1892	
J. H. Bettington...	1889	1890	1891	1802	
S. G. Layman ...	1889	1890	1891	1892	
G. W. Mitchell ...	For many years 12th man.				
J. H. Busteed ...	1886	1887	1888	1889	

APPOINTMENTS.

Bates, J. Curling, M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer to the Croydon Board of Guardians for the Norwood District.

Tubby, A. H., M.S. Lond., F.R.C.S. Eng., has been appointed Surgeon to Out-patients at the Evelina Hospital for Sick Children, Southwark Bridge Road, *vice* Eve, appointed Surgeon to In-patients.

Williams, Henry, M.R.C.S., L.R.C.P., has been appointed Honorary Surgeon to the Nottingham Hospital for Women.

PAVY GYMNASIUM.

GYMNASTIC COMPETITION.

The third annual competition was held on the 23rd March, in the Pavy Gymnasium, for prizes presented by Dr. Pavy to the winning squad, and by an old Guy's man, for the first and second competitors. Owing, we suppose, to examinations, only a moderate number of spectators put in an appearance, the Staff being represented by Mr. Higgens, and the Warden, Mr. Dunn. Dr. Pavy was unable to be present until late in the evening. Messrs. Bligh and Spon undertook the onerous duties of judging, the exercises set being the following:—

Horizontal Bar.

1. Slow circle over bar, down to long arms, both hands leading and shoot to the front.
2. Clear circle, upstart and shoot to the front.
3. Right and left legs acting alternately, and short circle to the rear.

Parallel Bars.

1. Double march forwards, knees bent.
2. Double march forwards, shewing three short-arm balances, hand-spring off.
3. Short-arm balance, left leg over right bar to sitting position, splits and vault to front over right bar.

Vaulting Horse.

1. Vault between the hands.
2. Hand-spring over the horse.
3. Vault on the horse, splits twice and vault over.

Rings.

1. Slow circle forwards and backwards; pull to chest.
2. Both hands leading, slowly down, to sinking position, and pull up once.

Rope.

Hand over hand, without using the feet, up and down as often as possible.

The number of entries was not so large this year, owing partly to illness and partly to examinations pending among members of the Gymnasium.

Three squads were made up as follows:—

A.

1. B. G. Reynolds (leader). 2. D. Rice. 3. B. Instone.

B.

1. W. McDonald (leader). 2. H. Walling. 3. F. W. Ta'Bois.

C.

1. T. S. Brereton(leader). 2. R. Serjeant. 3. E. Plummer.

As was expected, a keen and interesting struggle ensued, Brereton's squad eventually winning by a narrow margin, the other two squads tieing for second place. The consistent form shown by the winning squad undoubtedly gave them the competition, but it is only fair to add that Reynolds' squad were severely handicapped owing to the loss of the third man, and had to be content with an average taken from the competitors obtaining the least number of marks in the other squads. Brereton, although not in his best form, was first in the competition; Walling, who has improved wonderfully, running him very close. An extra prize was presented to McDonald, who obtained third place. Before presenting the prizes, Dr. Pavy made a few encouraging remarks anent gymnastics, and said it was desirable, in the best interests of the mind, that the body should be developed by such exercises as had been witnessed that night. After the distribution of prizes the secretary proposed a hearty vote of thanks to Dr. Pavy for his continued interest in the welfare of the Gymnasium, and for his kindness in again presenting squad prizes, which was carried with acclamation. Dr. Pavy, in reply, expressed his pleasure in again being present with them that evening, and hoped that the students would continue to interest themselves in gymnastic exercises, while anything he could do for them in the future would be his special pleasure. Hearty cheers were then given for the donor of valuable prizes to the Gymnastic and Boxing Club, who is an old Guy's man, and for the members of the Staff present, after which the proceedings terminated.

The committee of the Pavy Gymnasium desire to express their indebtedness to "An old Guy's man," who prefers to remain anonymous, for the valuable prizes he has presented for the competitions. They are four in number. A silver cigar-case for the best boxer, which has been presented by the committee to D. W. Martin; a cigarette-case and a match-box won by F. S. Brereton and H. Walling respectively in the gymnastic competition; and a prize for fencing, which is held over until single-sticks and fencing is seriously taken in hand. Mr. Golding-Bird has kindly offered a prize also for fencing, and the hon. secretary will be glad to receive the names of those who would be willing to form a class during the summer session.

Aggregate marks obtained by competitors in the Gymnastic Competition. Possible number of marks 240 for each competitor.

C. Winning Squad.

1. F. S. Brereton (leader)	221
2. R. Sarjeant	171
2. E. Plummer	165
	557

A tied with B for second place.

A.		B.	
1. B. G. Reynolds (leader) ...	182	1. W. McDonald (leader) ...	190
2. D. Rice ...	181	2. H. Walling ...	204
3. Average of lowest standard	143	3. F. W. Ta'Bois	112
	506		506

The order of the individual competitors was thus:—

1. F. S. Brereton	221	5. D. Rice ...	181
2. H. Walling ...	204	6. R. Serjeant ...	171
3. W. McDonald	190	7. E. Plummer...	165
4. B. G. Reynolds	182	8. F. W. Ta'Bois.	112

A CASE OF GANGRENE OF THE LUNG FOLLOWING INFLUENZA.

By Dr. H. E. Harris.

F. C., æt. 29, a Nurse, on January 14th, 1892, complained of feeling ill. She was suffering from headache, pains in back and legs, with a temperature of 99.8°. Her case was diagnosed as a mild attack of influenza, prevalent at that time. The course of the disease on the two subsequent days confirmed this diagnosis, and on the fourth day the patient was allowed to get up.

In the evening, whilst in the act of dressing, her breathing suddenly became difficult, and she felt very much worse. She returned to bed, and when seen was much cyanosed, with distressed and anxious expression, urgent dyspnœa, restless and throwing her arms about. Her temperature that evening was 101°. On the following morning she was in much the same condition. There were no physical signs except loud ronchi and sibilus all over the chest

On the 16th, the third day after the onset, there was a very slight impairment of resonance to be detected over the right apex, and on this day very distant bronchial breathing was heard at that spot. This was the only day during the whole illness on which the expiration could be called bronchial. The sputum was like prune-juice at this time, and remained so for a few days. The symptoms remained much about the same; respirations laboured; cough very troublesome.

On the 25th she was seen by Dr. Goodhart. Dyspnœa then was very urgent; impaired resonance over right apex was more marked, but the physical signs were very ill defined. The patient continued to get worse and died on the 29th, sixteen days after the commencement of the attack.

The temperature throughout the illness shewed very marked daily variation, there sometimes being more than four degrees difference between the morning and evening record. The highest temperatures reached were noted at the beginning of the second week, when on three or four successive evenings it was found to be over 104° F. On the two days preceding death subnormal temperatures were recorded.

Report from the Museum.

The specimen which has been sent to the Guy's Museum presents a very unusual appearance. The upper part of the lung is occupied by a spherical cavity measuring three inches in diameter, which is separated from the pleural cavity at the posterior part by a layer of hepatised lung, in some places less than one-eighth of an inch in thickness. The interior of the cavity is irregular, and attached to its wall there are numerous small shaggy sloughs of lung tissue. The vessels which have resisted the gangrenous process are still pervious. The lung tissue surrounding the cavity is consolidated, and under the microscope presents the ordinary appearance of lobar pneumonia. There is no evidence of tubercle, nor is there any excess of fibrous tissue. The visceral pleura is covered by granular lymph, and does not appear to have been adherent to the parietal layer. The specimen seems to be an example of gangrenous destruction of the lung, following upon acute pneumonia.

A SHORT ACCOUNT OF SIX CASES OF TYPHUS.

Typhus fever being now rather uncommon in this country I thought some of your readers would be interested to know of an epidemic of the disease in the town of Reading, and read a short account of six cases.

Within the space of a week five cases were admitted into the Royal Berks Hospital suffering from the disease. One other case broke out in the hospital three weeks after their admission, it being the wardmaid. The following are the chief points of interest noticed in the cases.

Patients (five males and one female), with the exception of the female, were labourers, who had been out of work, ill fed, and all had an alcoholic history, and were between the ages of 23 and 40.

Incubation.—In three only was determination of this possible. Two gave a history of working together at a foul drain two days before being taken ill. In the other, symptoms came on immediately after exposure to an offensive smell. The wardmaid had been exposed every day to the infection for three weeks.

Onset in all very sudden, symptoms being rigors, headache and nausea.

Eruption.—The majority had a rash present when admitted, which they had not noticed, so that no statement can be made as to date of its appearance.

Eruption was situated on abdomen, lower and lateral parts of chest, on dorsum of forearms, wrists and feet. Spots varied in size from pin's head to split pea, at first rose-red in colour, disappearing on pressure; in course of two or three days became dusky red in colour, and no longer disappearing on pressure. Those on hands, arms and feet were petechial from day observed. In one case spots were so few in number and resembling enteric fever, that disease was diagnosed as such till the fourteenth day, when temperature fell rapidly.

The amount of the eruption bore no relation to the severity of the disease.

Temperature.—On admission, in all about 104. In two cases only was a crisis observed; this occurring on the fourteenth day. In the two fatal cases, temperature ranged between 102 and 104, till death on the fourteenth and eleventh days respectively.

Pulse.—In the four cases which recovered it did not rise above 120; in the two fatal cases it rose to 140.

General condition.—On admission, semi-conscious, aspect dull, heavy and vacant, conjunctivæ injected, and general diffused redness all over face. Delirium was muttering and quiet; worse at night; never violent in character. Patients lay showing scarcely any signs of

intelligence, but would attempt to show tongue when asked to do so. Great muscular prostration with tremor in all but one, and urine and fæces passed involuntarily during height of fever.

Pupils contracted in all, with no reaction in two cases.

Tongue dry, brown, cracked transversely, with sordes on lips and teeth.

Skin hot and dry.

Bowels.—In majority constipation; in no case was there diarrhœa; vomiting in one case only.

Urine.—Sp. gr. about 1020, acid, and in three cases contained albumen.

Complications.—Acute bronchitis in one; pneumonia in two; bed sores in one.

Relapse.—In none of the cases.

Post-mortem notes of one case.—Rigor mortis well marked twenty-four hours after death. Muscles darker and softer than normal.

Heart.—Very flabby, muscle of greyish colour; all valves healthy.

Lungs.—Right upper lobe, simple congestion; lower lobe, very dark and airless. Left lung congested slightly. Bronchial glands enlarged and soft.

Spleen.—Larger than normal; greyish in colour; substance almost diffluent.

Liver.—Large and soft.

Kidneys.—Natural size; capsule strips off easily, leaving smooth surface. Cortex thick, softer and paler than normal.

Intestines.—Healthy; *no ulceration.*

Remarks.—There does not appear to be anything extraordinary about any of the cases, and the only points which call for remarks are the following:—

I. If patients' histories can be relied upon, the incubation, in two cases was two days, and in one immediately after exposure. These would be shorter times than the period usually given for incubation.

II. In "Fagge" it states, that the severity of the case is generally proportionate to the amount of eruption; yet of the two cases which died, in one there was a profusion of the rash, in the other a rash was scarcely discernible.

III. Mortality was high. Two deaths out of six cases. The usual average being, I believe, 19 per cent.

IV. Rigor mortis is described as being "*brief and incomplete.*" In this case it was well marked 24 hours after death.

V. All the cases were in a general medical ward for two days before removal to an isolation ward. No other cases broke out among the other patients.

VI. As regards diagnosis, one case was at first thought to be one of sub-acute nephritis, owing to large amount of albumen and presence of granular casts in urine, together with intense pain in renal region. In this case vomiting was a prominent symptom, while it was entirely absent in the others.

NORTON B. CLOWES.

The following Letter, which was sent by a patient to the Chaplain, is a gem in its way. We are much obliged to Mr. Bowden for allowing us to publish it. That last "idea" in the poetical way has all the ring of Walt. Whitman:—

To the Rev. Mr. Broughton,

Rev. Sir,

I respectfully beg to selicit of you a Dictionary, so as that I may learn to speak respectful and fluently, I have great desire to be educated. Now is my time whilst I am young, But alas! there is no chance for me to go to school to be taugh.

There is one alternative, namely; I must teach myself by study, under these circumstances you reverence, would do me an incalculable benefit, by acceding to this my humble request, but I have nothing to offer your reverence in return, but my personal respect, thanks, and abiding gratitude.

I am,

Your Reverence

Obedient Humble Servant.

Your Reverence,

I am desireous of letting you know that I also want the Dictionary so as to learn the meaning of words and also to enable me to put the words in their proper places whenever I endevour to undertake to compose poetry, I am very fond of poetry, and therefore I try to compose a few verses from my own head, I have a little doubt on composing poetry, however he is a little Idea.

THE RICH MAN AND LAZURAS.

A man who desireous of being fed
At a rich man's door lay nearly dead
Though covered with sores he was not able
To receive a crumb from the rich man's table.

FOREIGN PAUPERISM.

What is the state of England now?
The mother country too, I know not how;
Foreign pauperism increasing year by year;
In England who is of natiens, a conqueror.

GUY'S HOSPITAL DENTAL DEPARTMENT.

Practice during March, 1893.

Gold Fillings							237
Amalgam ,, ...							135
Osteo ,, ...							
Perm. G.P. ,, ...							121
Temp. G.P. ,, ...							
Artificial Crowns							11
Scalings							7
Dressings							82
Attendances for Mechanical Appliances							21
,, Extractions under Anæsthetics ...							393
,, ,, without ,, ...							490
Advice							20
Total							1517

WHIFFS FROM THE SMOKE-ROOM

"Why do men go to Music-halls?" asked the Austere Man of his ill-sorted friend the Pantagruelist.

He was not really an Austere Man, but the title had been given him by his friends, perhaps not wholly unnaturally, in consequence of a solemn sort of sick-bed air that he habitually wore. He himself said that an Austere Man was but a man who was smart enough to hide his peccadilloes.

"Well," said the Pantagruelist, "it is a difficult question. It may be to supply wants that everyone would otherwise feel in this puritanical city—wants into whose nature I do not now propose to enquire. But in the majority of cases I should consider that the explanation lies rather in this direction. All men are naturally lazy. I am myself a very lazy man. Before I came up to the hospital—in those days I was not a Pantagruelist—whenever I wanted to be thoroughly lazy for a time, or upon those rare occasions when I felt strong enough to think about something, and did not wish to be interrupted either in my laziness or my thought—I used to go to church."

It delights the Pantagruelist to ride hard the hobby of heterodoxy.

"But," he continued, "when I came up here, I found that our excellent Lecture System quite precluded that necessity."

"It enabled me to spend eight or ten hours weekly in the most unalloyed idleness. And the System possessed this further advantage, that, whereas under the old plan my conscience—for even a potential Pantagruelist has a conscience—sometimes, if not often, pricked me; under the new circumstances the persistent practice of diligent idleness could not but be justified in my mind. For it was not only legalised and condoned, it was commended and compelled.

"You ask me how this bears upon the point. Well, it seems to me that the Music-hall has this much in common with the Lecture Theatre; one goes there under no overwhelming obligation to attend to the entertainment, and is consequently capable of indulging one's idleness to the most sensuous satiety."

With much uneasiness had the Austere Man listened to this harangue. But he desired to reach the root of the matter, cost what it might, and he invited his friend to take counsel with him further. He suggested that they should ask the Socialist to join them—it might be that the true cause lay deep down in the Lives of the People. But the Pantagruelist thought that if specialist opinion were to be taken, the Sporting Man must also be consulted, for this was one of the questions that he was reputed to have thoroughly grasped. Nor did he think that they could afford to neglect the interests of "culchaw"; the conclave would hardly be complete without the Cambridge Man.

The Austere Man, not without misgivings, consented; the invitations were accepted. The Amateur Commission will sit shortly; such a meeting will constitute a feat of social gymnastics never before witnessed at Guy's. And we shall await a Report of its Proceedings with the liveliest interest. A PHARISEE.

The Patriot was disturbed and angry, as, indeed, is his wont. Patriotism, in fact, is not a virtue which makes for peace of the spirit, being so largely compounded of a sort of projected self-consciousness and—metaphorically speaking—corns. This time the corns had been heavily trodden upon, and our patriot had a not unsympathetic audience. "I tell you," he was saying, "you must make a sharp distinction between Guy's-men and men-at-Guy's. No, sir (this to the Individualist, whose motto is *self*-culture), by the latter I do *not* mean the members of our old universities. In my experience these latter—once having realised that a wilderness is not the only alternative to the classic groves; once having realised that there is indeed an 'elsewhere,'—become among the best of Guy's men! No, sir, I do not allude to these. But if you will allow me I will avoid generalities and deal with a particular instance.

"There is a man about whose pose is always that of the Superior Person. To such a pose he is welcome, so long as it remains a pose and is passive. It is his active developments that I for one can't stand. Take an instance, gentlemen. After the ladies' night at the Debating Society his Superiority waxed active, and he must needs write a letter to the 'School of Medicine for Women,' apologising for the conduct of Guy's men on that occasion—*apologising*, mark you, secure in his own stores of superiority, where no offence was felt or expressed. He wished to show that there was one man at Guy's who knew how to treat ladies properly. Fortunately for us, the ladies' preferred the treatment they received from Guy's men themselves, and the letter was passed round with some amusement. A pest on such snobbishness, gentlemen. I wish it could be removed to flourish elsewhere." 'O.

TWO CHARACTERS AND AN EPISODE.

Very Young Gifkins is in high spirits. The easy chairs cannot contain him, and the sofas are too crowded for him to lie at full length in glee. Our Only Crock has had a check. These two love each other with great hatred. Our Only is yet too broken to excuse himself, and in the meantime Very Young Gifkins is rendering all excuse needless.

I may explain that each has time and again described the life-history of the other. Our Only Crock thinks that Very Young Gifkins suffers greatly from insufficient education. Very Young Gifkins certainly HAS spasms of magnificent contempt for Our Only Crock. He is, moreover, a footballer of some mark, and much bad language in the scrum. Further, he does not have the slightest objection to the opium revenue among the Kachins. On the other hand, Our Only Crock has confessed to being "an admirer of the beautiful in art and nature." He also does many similar things which are of no use to anyone. On the other hand, Very Youn

Gifkins is also a boxer of skill at his weight; besides, I myself have seen him sprinting, and he has even confessed to me that he has, on occasion, enjoyed a music-hall. Now these are vulgar graces—at least, so Our Only Crock tells me. In consequence I am now "striving habitually to dwell with wise thought," and doing many unwise things, otherwise I should be "one of the herd." I know for a surety that he has views on all things, from "infant baptism" to the question as to whether there be an "elsewhere." You have heard him at the Debating Society. He belongs to the Anti-Opium League, Divided Skirts Association, and the Abdul Karim Club. Abdul Karim is a dramatist of whom you have all heard. Born and bred in Chilas town on the Gilgit Frontier, his ethical dramas have proved the use lessness of all effort. "Fancy that!" Now as to the joy of Very Young Gifkins.

Last Saturday he was doing Guy's with some friends whom his people had sent up to him. He was at his best in the wax-works. He called attention and admiration to our many glories. "Those red things are the arteries —they circulate the blood; the white things are the nerves, you know, etc." Then to the collection of brains. "Pardon me," said Miss Pioneer, "but has this part of the brain also a name?" She was pointing to the optic thalamus. "Oh yes! yes—ahem—yes." "First name to hand will do, I suppose" (*sotto voce*). Aloud—"Ah! yes. That is called the Clivus Blumenbachii!" "Why, it used to be called the optic thalamus in my dissecting-room days," quietly said Miss Pioneer. "Oh yes!—of course. I must have been wandering, Miss Pioneer, I really must apologise; but I did not know you were a student of anatomy." "Well—no! You see one forgets it all so soon, and I passed my Intermediate Exam. five years ago." Our Only Crock wished the ground would open and swallow him: next, he sent up a pious prayer that none but his own party had heard him. But Very Young Gifkins, who had been deeply interested in the laws of friction as shown in the new specimen cases, slipped out silently, and proceeded in all charity to tell me of Our Only Crock's fall, and, in the hope of a still wider publicity, I have here set down what I know of the affair. C. P. H.

AN ABDOMINAL CASE.

For the general accuracy of the following case I can vouch. It contains a hint for abdominal surgery.

A Chinese coolie attempted to commit suicide by slitting up his abdomen with a sharp knife. When the manager arrived on the scene he found a vertical wound about four inches long with the intestines protruding. As there was no doctor anywhere within a day's ride, he cleaned the intestines with hot water, returned them into the abdomen, and then stitched up the wound with a stout needle and common twine. Then, for attempting to commit suicide, he was there and then laid across a barrel and received twenty-five cuts with a ratan on the gluteal region. He recovered completely in a very short time, and without a single bad symptom. This was some time ago, but I believe he has never tried to commit suicide since. H. H. A.

Sumatra, January 23, 1893.

CONJOINT BOARD CAROLS.

By Mudlark Stripling.

There's a hall anigh the river—
Draw the scalpel, bleed the arm—
There I lef' all hope for ever,
Wet an' drippin' with alarm.
Hall, hall, hall beside the river,
Hall beside the river that I bar!
There the vivas are beginnin', an' the little bells are ringin'
In the hall beside the river that I bar.

Oh! that hall's a blasted place—
Draw the scalpel, bleed the arm—
'Strewth, I sha'n't forget *my* face,
Wet and drippin' with alarm.
Hall, hall, hall beside the river,
Hall beside the river that I bar!
You must keep your tips before you, or they will most surely floor you
At the hall beside the river that I bar.

That exam. is mine to take—
Draw the scalpel, bleed the arm—
I'd like to chuck it, for I quake,
When I go near it, with alarm.
Hall, hall, hall beside the river,
Hall beside the river that I bar!
You may bet you'll find it teasy, for it's none so bloomin easy,
Is that hall beside the river that I bar.

But that hall 'll go to hell—
Draw the scalpel, bleed the arm—
'Fore I'm through it 'live an' well—
I, quite safe if I were calm.
Hall, hall, hall beside the river,
Hall beside the river that I bar!
Gawd 'elp you if you blunder, the least slip will pull you under,
At that hall beside the river that I bar.

Once more my head's with sorrow bowed!—
Draw the scalpel, bleed the arm—
I an' 'arf my batch is ploughed—
Ploughed, worse luck, by sheer alarm.
Hall, hall, hall beside the river,
Hall beside the river that I bar!
There're pink papers by the dozen, but it ain't no use a-cussin'
At the hall beside the river that I bar.

E. H. C.

Reviews.

From Hospital Ward to Consulting Room, with Notes by the Way. A Medical Autobiography. By a Graduate of the London University. (H. K. Lewis.)

We would heartily recommend this little memoir to all our brethren who find themselves a little weak-kneed in the matter of perseverance and pertinacity. Our author, who is entitled to be referred to as M.D. Lond., truly started life in such an unpropitious environment that the struggle for existence was indeed hard; yet, notwithstanding many difficulties, after many years of apprenticeship, of dispensing, of possessing a chemist's shop, of assistantships, and of general practice, he managed to attain to the goal he desired, by acquiring the M.D. of London and becoming a consultant.

We wondered at first whether a special compositor had been employed to pick out capital "I"s in the early phases of "passing through the press"; but on further perusal, we came to the conclusion that we cannot but agree with the author that his egotism is excusable.

The title of the work appears to us as hardly apt—for no mention of hospital practice is found, till more than half the book has been read, and the major part of M.D.'s medical lore seems to have been acquired from private practice—only two periods of six months were devoted to "walking the hospitals." Two references to Guy's Hospital suggest that our *Alma Mater* may have been concerned with the attainment of his later laurels. The notes by the way include a few pages on blood letting—would that he had told us more of his own experiences in mthis atter. He upholds the routine of dispensing in general practice, and points out how it was basely used by our ancestors as a means of augmenting their incomes: is this unknown nowadays? And does not the chemist and druggist often and largely perform the "functions of the general practitioner" in other phases of society than merely the "lower classes" (*vide* p. 20). The improvement in nurses and nursing is touched upon. We were not aware that the patients of Guy's were under the thumbs of "certain Guilds and Sisterhoods," as is stated upon page 22. Our author then passes a few remarks upon the leucocytic or phagocytic side of immunity from bacterial diseases, in connexion with which he endeavours to enliven the subject by quoting the "Lay of the Streptokokk" from a back number of the Guy's Hospital Gazette.

He gives many pieces of wholesome advice, such as the inadvisability of starting a consulting practice after many years' general practice in the same town, and the necessity of "*unflagging perseverance.*" Of typographical errors there are very few: on page 23 we notice *microphites* for *microphytes*, and the asterisks of several of the foot notes appear to have wandered astray from their proper place in the firmament, as they appear to be irrelevant to the text (*e.g.*, pp. 25 and 55).

Lastly, we owe our author congratulations on his success in life, and in producing a readable and interesting little volume.

Margate as a Health Resort. By H. Evelyn Crook, M.D., B.S. Lond., F.R.C.S. Eng.

The physician may be ever so well posted as to the climatic merits of the various health resorts, but if the local authorities of these places happen to lapse from their duties, and at any time allow the sanitary arrangements to fall below efficiency, the medical man may, in sending patients thither, suffer a very serious responsibility. It is very desirable, therefore, that the profession should be kept will informed on these matters. Dr. Crook's little work does this most thoroughly as regards Margate, and it is satisfactory to have so good a report from so reliable an authority. The book contains sections dealing with Climate, Water Supply, Drainage and General Sanitary Arrangements, all fully treated. We should like to protest against the rather foolish practice which authors of works like this are apt to indulge in; that is, to contrive to place their own particular locality in the position of lowest death-rate, by choosing just that particular period the statistics of which will meet their purpose. A good record does not need to be made apparently better by artificial manipulation. Not the least of the advantages of Margate as a health resort is the fact that it has so good a Guy's man asDr. Crook in practice there.

Hoblyn's Dictionary of Medical Terms. 12th edition, revised by Dr. J. A. P. Price. London: Whittaker & Co.

A certain weakness as regards spelling which is frequently associated with the highest intellectual acquirements, together with the difficulties of modern specialist terminology, render a dictionary of technical terms very useful to students of such a subject as Medicine. Our readers will admit that the above work is one of the best of its class. The new 12th edition is fully up to date, and will be found well worthy of purchase.

A NEW TEST-TUBE.

We append an illustration of a bulb test-tube contrived by Mr. E. S. Hoare, of Guy's. The advantages claimed for it are, first, that frothing liquids can be boiled in it with safety, the bubbles breaking when they reach the bulb; second, that the tube, if not too full, can be placed on the table in a horizontal position without the contents spilling; and third, it can be placed in a rack, mouth downwards, supported at the bulb, by which means efficient drainage is obtained, and the contamination of the cleansed tube, which occurs in the ordinary peg rack, is avoided. That all these advantages are to be found we can certify from personal experience. The tube should be especially useful to medical men. The additional cost is very trifling. It can be obtained direct from Messrs. Gallenkamp, of Cross Street, Finsbury, or through any leading firm.

Marriages.

GOODALL—MACKENZIE.—On March 25th, at Christchurch, Barton Hill, Bristol, by the Rev. F. Billett, brother-in-law of the bride, Edward Wilberforce Goodall, M.D. Lond., to Kate Ellen Mackenzie.

HOLMES—BOHANNAN.—On the 30th, at the Church of the Holy Trinity, Paddington, W., Thomas Holmes, M.B., Lond, of Forton, to Emmie, daughter of the late U. Bohannan, of Pleshey.

TARGETT—JEFFERY.—On April 5th, at Donhead, St. Andrew, Wilts, James Henry Targett, M.S., F.R.C.S., of St. Thomas's Street, London Bridge, to Catherine Sarah, third daughter of James Jeffery, Esq., of Donhead.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1892 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence

Guy's Hospital Gazette,

APRIL 29, 1893.

SOME LESSONS FROM HUNTER.

Mr. Bryant has most kindly sent us for publication a series of very valuable extracts from the works of Hunter and his contemporaries, the first instalment of which will be found in another column. Such literature is by no means easy of access, though of extreme interest, and we are very glad to be the means of bringing it before our readers.

Year by year our attention is directed afresh to the great personalities of Hunter and Harvey, and the world may well begin to wonder whether any reputation can continue to bear such constant illumination without paling; but the present year's Hunterian Oration once again found a fresh standpoint and was full of interest.

At this late date there is no need for us to enlarge upon the importance of the occasion this year; but we may well be proud of the fact that the Centenary Oration, delivered in the presence of royalty, was the production of one so closely connected with Guy's as is Mr. Bryant; and we do well, we think, now that the oration has been published, to quote something of its matter in the Gazette.

Mr. Bryant early brings to light Hunter's essential industry as a great factor in his success.

'If we ask ourselves what it was which helped to make Hunter great, we must, as an encouragement to weak humanity, refer to his industry; for John Hunter was industrious in the highest degree and possessed a transcendent capacity of taking trouble. Without this attribute it is probable that his other great qualities would have failed to have made him famous, and they certainly would have never enabled him to leave the unique collection of biological facts behind him, such as is contained in the museum it is our pride as Englishmen and our privilege as British surgeons to possess. I emphasise this quality of industry, as it can never be too strongly or frequently repeated, that industry and the capacity of taking trouble are essential qualities in every calling or walk in life, and that without them all intellectual qualities, however noble, are apt to be frittered away and rendered futile. The pages of history record the wreck of many men of high promise and intellectual ability who have failed to shed a lustre upon their period for want of this essential qualification.'

But Hunter was not only an industrious worker. 'If he was great from his industry and as an observer, he was still greater as a *thinker and reasoner*. Facts alone could not satisfy his mind. He, of necessity, speculated upon their value, and reasoned upon them with a closeness and far-seeing intelligence which was surprising. He seemed, as by tuition, to recognise at once the full value of any fact, and be able to place it in its right position in relation to all knowledge; as a consequence, he was able, from the accumulation of the material which his observation and experience had yielded, to elicit the principles upon which they were founded, and the processes by which they were brought about. Much as Hunter did,

said his friend Cline in this theatre in 1816, "he thought more. He has often told me his delight was to think."'

Although 'as an experimenter he was a king, and a model one,' he was always unwilling to publish anything which appeared to himself unfinished; for the same reason he would often withdraw papers read before the learned societies because he felt they wanted something more to make them satisfactory.

With Hunter this cautiousness was something of a misfortune; for his great work on inflammation and gunshot wounds, upon which so much of his professional reputation has been built, was not published till after his death, and had it not been for his public lectures in the school of St. George's Hospital, and at 28, The Haymarket, his advanced views of pathology and surgery would, during his lifetime, have been little known. It is probably on this account that Hunter was insufficiently appreciated. His teaching was known but to a few.

It is interesting to speculate as to what would have been the effect of this cautiousness in publishing, if it had been as rigidly observed by Hunter's followers as it was by Hunter. Should we have been great losers by its adoption, and would individuals have been great gainers? Could we now with any truth agree with Hunter when he wrote, "That it is surprising to see how a young man, if he catches an idea which has any novelty, will write away on it—he will tell you wonders;" and can we say, if the tillers of the field of science are now more numerous than they were in Hunter's day, that they are so eager to reap the fruit of their labour as to bring it to market before it is ripe?

Extreme cautiousness, and a dread lest he might have been led to publish any new thought before it was absolutely proved, was evidently one of Hunter's characteristics; and, as a further proof of this, it should be added that Hunter always regarded any opinion or conclusion he formed as provisional, for he felt that one new fact or observation might lead him to change it. He would say to students he was teaching, "You had better not write down that observation, for very likely I shall think differently next year."'

He was unsparing of criticism when it was due, and a great stickler for thoroughness in experimental work.

'To his friend Jenner, who had given only a conjectural solution of a phenomenon, he wrote, "I think your solution is just, but why think? Why not try the experiment? Repeat all the experiments as soon as you receive this, and they will give you the answer."

"Fontana's experiments" he wrote, "for injecting solutions into the blood are not worth a pin, and that owing to his not having a knowledge of this fact, that air thrown into the vessels kills. After I discovered this I went over all my experiments again, and found very different results when I injected no air, which before that had been frequently inserted."'

Upon the question of the relation between inflammation and repair, Mr. Bryant, as is his wont, had much to say, and he quotes Hunter with much effect.

'I want on the present occasion to emphasise a fact which Hunter himself recognised, but did not make sufficiently clear, *that repair in all its forms is effected without inflammation.*

That Hunter saw this, and more, cannot be disputed, for I shall be able to demonstrate the truth of the assertion out of his own words, and also be able to show that he entertained the opinion that in a case of injury where inflammation takes place, repair is interfered with, if not arrested. Why Hunter in his writings failed to make these views sufficiently clear was doubtless owing to his want of knowledge as to the true causes of inflammation, and I trust I may be pardoned if I assume that had

he known what we now know of the effects of micro-organisms upon wounds and in the blood-current, he would have readily accepted the views which we now accept, that inflammation is an infective process, brought about entirely by micro-organisms introduced from without, and that, instead of helping, it either retards or arrests repair. Under these circumstances Hunter would have been ready to adopt the view which must ere long be accepted and consequently taught:

That repair and inflammation are not only not identical, but incompatible.

That repair is a *constructive* physiological process, and resembles closely that of development and growth.

That inflammation is a *destructive* pathological process, and is entirely due to the presence of micro-organisms introduced from without.

That when inflammation attacks a wound in the process of repair, it at first checks repair and later on brings about disorganising changes; and when a part repairs after it has been the seat of inflammation, it does so only when the inflammatory process has been arrested.'

'Under these circumstances, in the treatment of every wound, inflammation is always to be guarded against, and, when present, subdued, since it invariably acts as a disturbing influence in the process of repair.

These remarks apply as much to the healing of a wound by "quick union," or Hunter's "first intention," as to one which heals by the "process of granulation," or Hunter's "second intention," or to one by "scabbing," and I ought to add, to the restoration of any part that is undergoing repair, and which has been the seat of the inflammatory process. In support of this view I should like to quote the words of Karl Roser, of Marburg, an author who has well written upon this side of my subject, and who is likely to be listened to as a German professor:

"The clean not infected wound heals without inflammation, by first intention; the infected wound, on the contrary, heals by second intention with the appearances of inflammation. In the first case healing follows immediately after the injury. In the other case inflammation intervenes between injury and healing as a disturbing complication" ("Entzündung und Heilung," 1886, Leipzig).

These views of repair and the influence of inflammation on the reparative process which I have just formulated, and many of which I have taught for years ("Practice of Surgery"), are, I maintain, "Hunterian"; and if Hunter had enjoyed the opportunities we have had of learning the true cause of inflammation from the works of Pasteur and Lister, I have not a shadow of a doubt that he would have accepted the conclusions as they have been presented to you. How far he approached our present views I will now proceed to demonstrate, and I shall do so, using his own words. As a leading quotation, I will select one which not only embodies the whole principle of subcutaneous surgery, of which Hunter was the distinguished founder, but shows that if Hunter had had an inkling of the true causes of inflammation how near to our present conclusions on repair and inflammation he would have been. Indeed, if we accept his sayings "that air will be injurious to man and animals by its containing specific particles of contagion," and "that any cause that can obstruct the motion of the blood in the smaller vessels for a certain time will irritate and produce inflammation," we might fairly infer that such knowledge of inflammation and its causes was not far off. At any rate, with the knowledge he possessed he came to the following conclusions:

"Mechanical injuries on sound parts," said Hunter, "may be divided into two heads: 1st,

those which do *not* communicate externally with the air; and, 2nd, those which do. The effects of the first division—which do not communicate externally—on the constitution will differ according to the state of the constitution and the nature of the parts injured; and if the power of healing in a part be strong, the part injured not vital, and the constitution not highly disposed to sympathy, *no material change* will take place in the constitution, and the process of restoration will go on with only local effects."

"Wounds which do communicate externally with the air commonly both inflame and suppurate."

"The latter, when properly treated, may be brought back to a resemblance of the former, and so unite by primary healing or the first intention, by which inflammation and suppuration are prevented."

"Primary healing takes its course without inflammation and is painless."

"Wounds that are kept exposed do not granulate till inflammation is over."

"In simple fractures union will take place independent of inflammation."

"The absorption of blood when extravasated, and the healing beneath the scab, are both regarded as primary healing."

In Hunter's recommendations as to the treatment of wounds the same general principles seem to be recognised, for he writes:

"In the treatment of wounds, in order to aciltate the *natural process of healing*, little is to be done except removing impediments to the natural cure." He saw with the eye of the physiologist what the eye of the poet dramatist had previously described:

> "Let Nature use her own maternal means,
> And we await to second, not disturb her."

With these apt quotations from Hunter's own writings and lectures, there can be no doubt as to his opinions:—That repair and inflammation are not only not analagous processes, but that they are antagonistic; although from his want of knowledge as to the true cause of inflammation he had mixed the two processes together, and consequently had failed to make his opinions clear.'

We conclude with Mr. Bryant's own closing sentences:—'The harvest which has already been reaped from the good seed which was sown by Hunter has been unrivalled, and the seed must be as fruitful in the future as in the past, if the fields are rightly tilled by his followers. Should, however, the seed be choked or hidden for a time by weeds which have been sown by either the promoters of a passing fashion, the advocates of some taking and possibly erroneous theory, or of rank empiricism—Hunter's seed, if rightly nurtured, will spring up with renewed vigour, to enlighten those who seek light, for it promises a germinal principle of life which guarantees vitality.'

EXTRACTS FROM MY NOTE-BOOK.

By Thomas Bryant, F.R.C.S., Eng. and I., M.Ch.

On Autopsys, written 1772, by John Hunter.

"An accurate knowledge of the post-mortem appearances in animal bodies, where death has been the consequence of some violence while they were otherwise in health, ought certainly to be considered as necessary to qualify us to judge truly of the state of the body in those that die of disease.

"An animal body undergoes changes after death; but it has never been sufficiently considered what those changes are, or how soon they may take place. Yet till this be done it is impossible we can form an accurate judgment of the appearances which present themselves at the time of inspection. The diseases of an animal body are always connected with the living principle, and are not in the least similar to the changes which take place in the dead body. Without a knowledge of this an opinion drawn from dissections must always be very imperfect or very erroneous.

"Appearances which are in themselves natural may be mistaken for those of disease: we may see diseased parts, and suppose them in a natural state; we may consider a circumstance to have existed before death

which was really a consequence of it; or we may imagine it to be a natural change after death, when it was in fact a disease of the living body. It is easy to see, therefore, how a man in this state of ignorance must blunder when he comes to connect the appearances in a dead body with the symptoms that were observed in life; and indeed all the advantages to be derived from opening dead bodies depends upon the judgment and sagacity with which this sort of comparison is made."

Post-Mortems by Dr. W. Hunter, 1768-9.

(*John Hunter's Elder Brother.*)

"I will next show you the method of opening dead bodies to inspect them, and see the cause of diseases. This, thank God, comes more and more into practice, for I am certain that it is the most certain guide to medical knowledge; and I believe it would be more universally adopted was it not for certain reasons. *First*, many practitioners might have the opportunity, but neglect it, knowing not the method in which it is done, and fearing disgrace from not opening it properly. *Secondly*, there is a reason why many will not have it done, because of the expense, a common fee on this occasion being five guineas; now many would choose to have the body examined, but care not to give the money, and therefore say nothing about it. Therefore in such cases I would forego the profit, to advantage by the inspection."

CASE OF CHLOROSIS, WITH COMMENTARY.

Being one of the Gurney-Hoare Prize Essays for 1892, abridged. Published by permission of the Medical Council. By C. C. Elliott.

The case was one of an unmarried girl of twenty. It was reported in detail, which it would be unnecessary to reproduce here. In brief, the usual symptoms were present, such as pale tint of skin and mucous membranes, constipation, headache, dyspnœa on exertion, palpitation, humming noises in the ears, spots seen before the eyes, some œdema of the legs with pain, absence of wasting. She had a systolic murmur in the pulmonary area, *bruit de diable* in the neck. Her urine, sp. gr. 1020, *pale*. Her temp. was 100°, p. 100. The menses were not arrested. As a rare occurrence, there were retinal hæmorrhages.

Blood.—Red corpuscles 88 per cent., hæmoglobin 43 per cent. Under pulv. ferri carb. sacch. ʒss. t.d.s. she rapidly improved, so that in nine days, her corpuscles still being 88 per cent., the hæmoglobin was increased to 55 per cent., and nine days later to 60 per cent. During her stay her temperature was at first only seldom under 99°, and reached 100·2° one day. She went out in a month, practically quite well; the retinal hæmorrhages had disappeared.

COMMENTARY.

Ætiology.—No doubt chlorosis does occur in girls who have been considered "delicate" all their lives, but this is apparently *not always the case.** And Virchow's theory that the heart and great vessels are congenitally smaller than the normal rests on very little evidence. For, in the first place, how few patients die with chlorosis to allow the fact to be investigated; and if there are deaths, these generally arise from other diseases, which may have been the true cause of such smallness of vessels; thus mitral disease may be associated with this fault, and was probably present in Virchow's case.

The almost constant association of amenorrhœa with chlorosis has given rise to the idea that the ovarian disturbance is the cause of the anæmia. However, the sequence may be reversed; though it is quite probable that the extra demands made upon the system at the time of puberty may give rise to deficient production of blood, and consequently both anæmia and amenorrhœa. In proof, the connection with the ovarian functions may be cited the laying on of fat in chlorosis; fat is also laid on at the climacteric, and the observation of the fact that, as a rule, arrest of menstruation is associated with deposition of fat is as old as Hippocrates.

In 100 cases of chlorosis admitted into Guy's, we find amenorrhœa or scanty menstruation definitely reported upon as being absent in only 5 instances. In one of these cases there was even menorrhagia. It will be observed that in our case the menses were said to be regular. Immermann appears to consider menorrhagia far more common than English writers do.

Sir Andrew Clark thinks that the constipation is not an effect or concomitant, but the cause itself of chlorosis. He suggests that the absorption of foul products from the intestine sets up the changes in the blood. But, obviously, many people are constipated and yet not chlorotic.

And constipation is not an absolutely constant symptom. In one case it appears to have been absent at first only, and is stated definitely in the reports to be absent in 19 cases of the 100 examined.

Bunge adopts a somewhat similar view in as far as he associates constipation with the cause of the disease; but he thinks that the iron which ought to be absorbed from the food is by the retained fæces converted into unassimilable forms.

Zanda, however, places the unassimilable iron in the blood, but there in a form not useful; and thinks this arises from deficiency of hydrochloric acid in the system.

As to the immediate cause, we very often find the onset determined in girls changing their mode of living, as, for example, on going to school, or into service, as in our case.

Age.—The oldest cases in our series diagnosed as chlorosis were two of 28, the youngest 14; but by far

* In 12 consecutive cases at out-patients' only one could be said to be typically of ill-developed build compared with ordinary girls of the out-patient order in towns.

the commonest ages were from 16 to 20. Thus there were :—

11	cases aged	16	6	cases aged	22
12	„	17	3	„	23
17	„	18	5	„	24
17	„	19	1	„	25
12	„	20	2	„	26
7	„	21	2	„	27

And it must be remembered that chlorosis may recur.

Pathology.—Little is really known of the exact process by which the anæmia is produced. It is generally held that there is defect in formation of hæmoglobin, not destruction of corpuscles ; and the obvious proof is that the number of red corpuscles is not diminished in anything like the proportion that the hæmoglobin is. Again, the urine does not show any signs that destruction of corpuscles is going on, as evidenced by any dark colour, or pressure of pathological involution, like that shown in uropathic anæmia of Addison. It is generally agreed that the urine is pale in uncomplicated cases of chlorosis. We are not able to give actual statistics, for the reports more commonly than not omit the colour of the urine.

Naturally very few opportunities occur of examining the liver and other internal organs in these cases ; whereas abundant evidence exists in the case of pernicious anæmia that profound changes take place, especially in the liver, in which iron is found in large quantities. It has been suggested that the liver takes up the iron but fails to convert it into hæmoglobin, and thus iron is found in the cells of the outer portions of the lobules, while the central zone contains fatty cells. And though we do not see good evidence of it, we should state that some are found who hold that any anæmia may become pernicious, the liver finally becoming incapable of performing its functions. (Dr. Foxwell Ingleby's Lecture, 1892.)

Diagnosis.—In diagnosing a case of chlorosis, the first thing to do is to exclude any primary cause of anæmia from loss of blood.

There was no history of injury or wound in the patient : she had no loss of blood from any mucous surfaces of the body, such as uterus, intestines, stomach, nor from the lungs.

That the stomach often presents a seat of difficulty in the possibility of the presence of gastric ulcer, is evidenced by the reports, where we often find in the diagnosis, "chlorosis (?)—gastric ulcer," or "chlorosis—gastric ulcer (?) "—indicating less or greater probability of this lesion. And though there is no history of hæmatemesis, yet vomiting often accompanies chlorosis, probably connected with the attendant dyspepsia.

Again, phthisis must be excluded. There were no signs of it in our patient : the lungs were perfectly healthy.

She had no albumen in her urine, nor any sign of Bright's disease ; the pulse was far from high tension. There certainly was (or had been) some œdema of her feet ; but this is the only thing that might have carried a moment's turning of the mind to the kidneys. Of it more anon.

The anæmia of mercury and lead presented no signs of their occurrence in the history or in the symptoms. There were no lines on the gums ; no paralysis or tremors ; no colic ; no history of being exposed to these poisons.

There remains pernicious idiopathic anæmia Here the age is a help, though the severe form does occasionally occur in young people. Two in thirty-six fatal cases were under 20 ; four between 21 and 30 : but both those under 20 were males (Fagge and Pye-Smith).

The lemon-skin of pernicious anæmia may aid in diagnosis. The greenish colour in chlorosis was not present in our case.

The best distinction, perhaps, is to be found by examination of the blood. In pernicious anæmia the number of red corpuscles is greatly diminished ; the hæmoglobin not diminished in proportion ; a contrast to the relation before mentioned in chlorosis.

Again, the urine is often of a dark colour in the pernicious form, and contains "pathological urobilin" (MacMunn).

Retinal hæmorrhages are more common. It would appear likely, judging from the presence of these hæmorrhages in *severe* blood diseases, as leucocythæmia, that their presence has to do rather with the severity than the exact nature of the disease ; and thus, if chlorosis is sufficiently severe, we might expect to find the retinal hæmorrhages. It will be remembered that they found a marked and interesting feature in the case under discussion : and, judging not only from the general character of the symptoms, but from the rapid improvement under iron, which has no effect on pernicious anæmia, we can hardly fail to think that our case was true chlorosis. Fagge and Pye-Smith say (vol. II., p. 637 new edition) that in chlorosis "it does not appear that retinal hæmorrhages have been observed." This case would tend to be in advance of this statement. We have found another instance in the series of 100 cases. The report says that in the right eye there were two small hæmorrhages at the upper and internal aspect of the optic disc. The girl was 18 years of age. In another case there is a note that there is an irregular arrangement near the disc as if there might have been some hæmorrhage. However, we can at least say that in pernicious anæmia the hæmorrhages are likely to be more severe. Indeed in one case we observed in the reports they were so extensive as to obscure vision. (See appendix.)

Another point that may be of assistance is the temperature, which rises in an irregular way. Here, again, however, we must exercise a certain amount of caution, and suggest that perhaps the severity of the process may account for the rise ; in what particular way it would be difficult to say, until we know a little more of the thermic mechanism of the system. We may call in Hodgkin's disease and the curious rises of temperature

as a possible case in point.* We have noted the temperature in all the 100 cases before referred to where it is mentioned in the reports. We find it referred to in 41 instances. In only 6 of these was it below 99°, viz., 97·8, 98·8, 98·4, 98·8, 98·6, 98. In the rest we give the highest point recorded in each case:—100·2, 100·2, 99·4, 100, 102·6, 99·2, 100, 99·4, 101·4, 99, 99·6, 100·4, 100, 99·6, 100·2, 99·4, 100, 100·2, 100·2, 100, 100, 99·6, 99·4, 100, 100 8, 100·4, 99, 99·2, 99·8, 100, 100·2, 99·8, 99·4, 100, 100. It will be observed the highest point reached in any case was 102·6. Of course we have excluded cases in which any evident thrombosis was present; though someone might perhaps urge that any slight rise of temperature was due to some hidden thrombosis, or to the same cause as that which in some cases sets up thrombosis and phlebitis. (We may observe that one patient mentioned in the reports actually died of thrombosis; the only case of death from the effects of chlorosis we came across. The thrombosis was in the veins of both lower extremities, and pulmonary artery in a woman of 28.)

We must just add that in our own case there was a slight rise of temperature.

One other point may possibly assist in the diagnosis. More than a third of 31 cases recorded by Dr. Hale White had diarrhœa in pernicious anæmia, and though in 19 out of our 100 cases constipation was absent, and in a few the bowels were sometimes confined, sometimes loose, the latter effect may have been due possibly to the irritation of retained fæces, and true diarrhœa may be rare in chlorosis. It is quite rare, however, for any gastro-intestinal lesion to be discovered post-mortem in pernicious anæmia.

We now come to a consideration of the circulatory phenomena.

There seems to be little doubt that in severe cases there is discoverable dilatation of the heart, as evidenced by the displacement of the apex beat, and character of the impulse.† Though this may not be sufficiently prominent in some cases to offer unequivocal signs, yet many think it exists nevertheless. And if the systolic apical murmur that often exists be taken as a proof of regurgitation, this may be due to dilatation, in which case we may call in this murmur as evidence.

Now this apical systolic murmur is frequent in chlorosis: at least a murmur which can be heard at the apex—whether engendered in the usual way by mitral regurgitation or transmitted from the base. Without entering for the present into this last question, we may note them in 79 of the 100 cases. Apical systolic bruits were referred to in the reports, in 12 to say this bruit was absent, but in no less than 67 to affirm its existence, —a larger proportion of cases than we had usually been given to understand was the rule. Very probably in the remaining 21 cases we may assume that the bruit was absent.

With regard to the pulmonary bruit—or, not to beg the question, let us say the bruit heard about the left second interspace—we find its presence noted in 86 cases, its absence in 8. In the remaining 6 cases no note was made on the subject. Dr. Archibald Garrod, writing on Hæmic Murmurs in St. Bartholomew's Hospital Reports, 1891, says that the pulmonary bruit is often heard at the back (in 10 out of 20 cases observed by him), but sometimes only after exertion. He says he can find only one reference to this, namely, in a paper by Dr. Kingston Fowler in 1884. He also calls attention to the fact that hæmic murmurs are often louder when the patient is recumbent (see Handford, *Int. Journal Med. Science*, December, 1890).

He also proves, by comparing a number of cases, that there is no relation between the degree of anæmia and the loudness of the murmur, nor has the loudness any connection with the extent of dilatation of the heart, or the pulse tension; this last point being corroborated by Dr. Broadbent.

The bruit de diable was present in 50 cases, noted to be absent in 8, and not referred to in 42, amongst which it was very probably often present.

In discussing the *meaning* of these bruits, we take first the bruit de diable. The old theory used to be that the bruit was caused by thin watery blood passing through thin veins; an explanation that was accepted with great confidence (*v.* Dr. Hughes, in Guy's Reports, 1851). In the fluid-vein theory the explanation is as follows:—All the vessels of the body contract down on the diminished volume of blood in them. The lower part of the jugular vein cannot do this because of its attachments to the cervical fascia. Hence we have the conditions of the theory fulfilled, blood passing from a narrow into a wider space. We should observe, however, that the bruit is sometimes heard in non-anæmic children.

The systolic apical bruit was also, together with the pulmonary bruit, put down to the watery condition of the blood. It was assumed that the apical bruit was merely transmitted from the base. The way in which the "watery" blood produced the murmur was explained thus:—The increased velocity of the blood in anæmia sent on by the "irritable" heart produced undue attrition of the molecules of blood in this fluid condition against one another and the parietes of the vessel (*v.* Hughes, *loc. cit.*) Any idea that there might be true regurgitation was proposed only to be immediately dismissed as absurd.

Fagge suggested (or, at any rate, embodied the suggestion) that there was a weakness of the ventricle owing to the fatty degeneration occurring in the muscle, and that this led especially to a feeble contraction of the ring of muscle surrounding the mitral orifice, which normally contracts when the valves shut; hence some regurgitation took place through valves not correctly adapted.

* We may also quote a case, not of chlorosis but of anæmia from hæmorrhage in a woman of 42, in whom there was a rise of temperature to 100·6. Of course it might be urged that there might have been some septic absorption from the site of hæmorrhage; but the rise was so long after the primary cause of anæmia.

† Dr. West, in St. Bartholomew's Hospital Reports, 1881, says that in 32 consecutive cases at out-patients there was proof of dilatation of the heart in all.

Why this bruit, if in any way due to regurgitation, is not often transmitted behind, seems difficult to say at first sight. It is, however, often heard in the axilla.

Many think that the regurgitation is due to a dilation of the ventricle from weakness of the muscle. Of course, it is admitted that in some cases the apical murmur is transmitted from the base, but this is not so in all cases.

The pulmonary bruit* was thought by Naunyn really to be transmitted from the apex—or, rather, that the left ventricle failing to contract properly, regurgitation took place into the auricle, and the murmur was carried to the chest by the auricular appendix. He urged that the bruit was heard, not exactly over the pulmonary valves, but best in the second left space, 1½ inches to left of the sternum.

It is not obvious, however, why the bruit, if such be its origin, should be transmitted in this direction, supposing there be ventral regurgitation; and, as Dr. Goodhart points out (Guy's Reports, 1890), we have no evidence of dilatation of the appendix in anæmia, and the appendix really is deeply placed, as a rule. Though Balfour took tracings of what he considered to be movements of the auricular appendix, these probably, according to Dr. Goodhart, represent pulsation in the dilated conus arteriosus and dilated pulmonary artery.

Russell suggests that the bruit is due to pressure on the pulmonary artery by the dilated left auricle; but the question may well be raised, whether there is sufficient dilatation to effect this.

Dr. Goodhart† thinks the bruit may be due to dilatation of the pulmonary artery. He points out that dilatation of this vessel has been found in several cases of idiopathic anæmia. He is inclined to put down this dilatation to pulmonary congestion, which is often caused by mitral regurgitation. He quite admits the difficulty as to whether the regurgitation in anæmia is sufficient to cause this, and also considers the objection that might easily be raised as to why the bruit should be absent in other cases of stasis, answering this latter by saying that dilatation is not always present in conditions which seem to favour it.

He quotes certain cases in which pulmonary murmurs were heard, and the artery found dilated after death; but admits there is a difficulty in the fact that though in one case there was a systolic and diastolic murmur, in the other there was only a diastolic.

The question naturally arises in the mind whether there can be any other cause at work than pulmonary stasis to cause the pulmonary artery to dilate. Is it possible that a similar reason holds good to that usually given for the bruit de diable? Is there any thing which could prevent the distal part of the artery from contracting down on the volume of blood, while the proximal part contracts? Nothing that occurs to us anatomically, except that the same effect might possibly be brought about by the attachment of the layer of the pericardium, which partially envelopes the artery, and might produce some effect on the artery, preventing its contracting uniformly in its whole length. The aorta is a more resistant vessel, otherwise it might be said that it would suffer equally. If it were allowed that the artery from want of "tone," owing to the bad condition of the blood tended to dilate,* as the heart dilates, it might be urged that the vessels contract down on the smaller amount of blood, which shows that their vasomotorial power is retained. Of course it might be urged that the larger vessels have not a correspondingly large amount of muscular tissue compared to the small vessels, and that the elastic tissue loses tone in their case, and more so in the pulmonary artery than the aorta, because it is not so thick walled. If this were allowed, we repeat, it might be conceived that the vessel beyond the pericardial attachment dilated, and the intra pericardial portion remained contracted owing to its firmer connections, and thus the conditions of the vein fluide would be fulfilled. But we forbear further conjecturing on this subject.

As to these hæmic bruits in general, however, we may say that any organic lesion is usually dismissed by reason of their transitory nature. If it were urged that "inflammations," and why not a slight endocarditis, are liable to occur in anæmia, such as optic neuritis,† or phlebitis, it might well be answered that the phlebitis at least is due to the stagnation of the slow blood-stream, and consequent thrombosis. There can be no doubt that murmurs in chorea and rheumatism also often—very often—disappear, but still how often do they leave serious results! Does chlorosis ever? Certainly Dr. Goodhart has suggested that mitral stenosis may be due to chlorosis, but he does not put this down to endocarditis,‡ but to wear and tear of regurgitation. Again, in *all* anæmias, chlorosis or not, we get these murmers.‖ And we may well cry in vain for post-mortem evidence.

* Even Dr. Ashwell notices in the 1st vol. of the Guy's Reports, in his account of chlorosis, that in some cases a bellows sound accompanies the heart's beat.

† Guy's Hosp. Reports, 1890.

* Rees is quoted by Hughes (G.H.R., 1851) as saying that the cause of the murmur in anæmia is that the walls of the aorta are flaccid, and do not resist as in health. Another suggests that the artery may contract on the blood while the ventricle does not; hence an inequality may exist, causing a bruit.

† The rare, but well evidenced, cases of optic neuritis are certainly very difficult to explain on any known theory of optic neuritis.

‡ Of course it might be answered that all chronic anæmias tend to set up these inflammatory changes; perhaps by lowering the resistance of tissues.

‖ And even if the mitral murmur were due to endocarditis why should primarily *only* stenosis and not regurgitation result? It could hardly be conceived that the pulmonary murmur was due to endocarditis, for it is right-sided.

(To be continued.)

APPOINTMENTS.

Clowes, Norton B., M.R.C.S., L.R.C.P., has been appointed Medical Officer to the Reading Dispensary.

Lansdown, Francis P., F.R.C.S. Eng., L.S.A., has been appointed Honorary and Consulting Surgeon to the Bristol General Hospital.

Lansdown, Robert G. P., M.D. Durh., L.R.C.P. Lond., M.R.C.S., has been appointed Assistant Surgeon to the Bristol General Hospital.

Littlewood, J. O., L.R.C.P. Lond., M.R.C.S. Eng., has been re-appointed Medical Officer of Health to the Mansfield Rural Sanitary Authority, at an increase of £30 per annum (full appointment £100).

DR. BIRDWOOD'S THEORY OF SMALL-POX—A CRITICISM.

(Concluded.)

In dealing with large numbers of smallpox patients many opportunities will be given of noticing mild and discrete cases in unvaccinated children. In the article this is explained by the supposition that frequent ablutions will have washed the infecting dust away; but this procedure could scarcely influence the trachea and bronchi, in what would otherwise have been a confluent case. In the early months of life infants appear to enjoy some immunity. I failed to vaccinate one born in the wards where it remained some weeks and was discharged without being attacked. Perhaps it would be stretching an inference too much to assume that the immunity is still greater before birth and so account for the infrequency of fœtal infection. Smallpox is not a very active agent in producing abortion, and even a large experience will afford few opportunities of seeing women with the disease aborting during the later months of pregnancy; but the evidence that there is such a fact as fœtal variola is incontestable. Nearly all writers on the diseases of the fœtus include it in their classification and dilate upon it—*e.g.*, Grosse, Sir James Simpson (lecture notes), Düttel, who looked upon smallpox as transmitted directly from mother to fœtus, Groetzer, &c., &c. (See Ballantyne's work, 1892.) It does not seem by the author's slight notice of the subject that he considers its importance, and he slightly confuses the issue by the reference to petechiæ of the serous membranes. The clear and decided statement of so high an authority as Curschmann cannot be gainsayed, particularly as he writes as if aware of some scepticism on the matter. He says, "I am able myself to relate a case in point. During a severe epidemic of smallpox, a midwife in the eighth month of pregnancy, fell sick with rigors, followed by violent fever, headache, pain in the back, &c., apparently the initial stage of smallpox. On the fourth day, however, she was free from fever, and in spite of the most careful examination exhibited no trace of the expected eruption. Ten days after the commencement of the disease, feeling at this time perfectly well, she gave birth to a child, covered with a smallpox eruption, evidently just appearing, which developed still further, and in three days terminated in death during the stage of suppuration." This alone seems to disprove the dust deposit theory—one might almost say, swamps it by an amniotic wave. The passage also introduces and illustrates a variety of smallpox of considerable interest in relation to the theory, but which is not alluded to in the article, Variole sine Eruptione. However, these cases are not likely to be sent into the special hospitals. That they exist must be admitted. Sydenham mentions the variety under the name of variolous fever; Dr. Horn also noticed it. M. Hedland, in the Swedish epidemic of 1824, observes:—"Of this I am certain, all those practical phenomena which determine treatment were the same for the two diseases, with the single exception of the eruption of smallpox and its effects." Marson speaks of it, and his case confirms the identity of it. "A lady, in Islington, out walking, met a person with smallpox. Twelve days afterwards she was taken ill, and for a few hours was delirious. The illness passed off without eruption. Her married sister, who had not been out of the house for three months (through pregnancy), was seized with illness exactly twelve days again after her sister's attack, which illness proved to be severely confluent but modified smallpox." The fact that the non-eruptive disease produces the eruptive confirms their identity. Dr. Hilton Fagge also refers to a case, but in this instance a characteristic roseola was present. Dr. Birdwood attributes the initial illness of variola to a disturbance of the function of the skin, &c., allowing effete matters that otherwise would be eliminated to become toxic; but the premises for this reasoning do not seem established. The cases where the skin was not affected had the initial fever, and the epidemic skin disease reported by Dr. Savill, of the Paddington Infirmary, was not characterised by any of such symptoms. With the evidence that a non-eruptive form of variola may exist, it is difficult to accept the proposition that smallpox is simply a skin mycosis.

At the risk of seeming to criticise the article rather than the theory, I could wish the author had devoted less space to the subject of skin disease development (which is apt to engender a state of receptivity in the mind of the reader) and allowed more opportunity of traversing fully the subject of inoculation, which, from the admission of his that it might be thought a crucial matter, he was fully justified in analysing at some length. I think that he somewhat prejudices his case by detailing an old man's report of what he saw in childhood, and he can hardly ask us seriously to accept the instance as a truthful illustration of the method that used to be pursued in performing inoculation. Humanity's debt to the early variolators is a very large one, and it is obvious that, when the mortality from natural smallpox was one in five, some care must have been exercised in artificially inducing the disease to produce a result of one death in fifty—and still more, when the death rate, by acquired skill and knowledge, was reduced to one in five hundred, so that it became a reasonably safe procedure.

The conclusion that exposure to ordinary infection did not occur at the time of inoculation is only a natural deduction. Dr. Winter Blyth says: "Its value as a sanitary measure in those times was great." The cleverness of these early variolators cannot be over-estimated. We read of Gatti that he had almost an European reputation. It appears that they used the clear lymph (conserved), and insisted that persons to be inoculated be kept by themselves, or from general intercourse with the people, for twelve to fourteen days previous to the operation, in order to avoid, as far as possible, the dangers of natural infection.

To reduce the mortality of a disease that killed 500,000 annually in Europe alone is a merit that ranks next to Jenner's application of vaccination. By their use of clear lymph and the measures adopted, the possibility of

dust infection seems to have been eliminated, and the cause of the secondary eruption that ensued requires some other method of explanation.

It is not evident, even with the ordinary views of variola, why the skin should not contain infection at an early date, but in the instance mentioned an error has crept in, for smallpox developed in the contributor of the skin graft only some hours afterwards, and, curiously, the recipient was attacked with variola in six days from the date of engrafting. Perhaps this was from its being placed probably on a raw skinless surface. It was reported by Schäfer (*Deutsche Miletairarzile Zeitschr*, 1872). The consideration of the subject of vaccination would alone invalidate the theory, for that a disturbance of the character of a skin lesion or disease on one shoulder should protect without any systemic influence the whole of the body from an attack of variola is incomprehensible in the light of present knowledge.

When we read that while vaccination is protecting the mother from all evidence of smallpox it is possible for her to be the unconscious medium of transmitting the disease to her unborn child; also the statement that such careful observers and experienced authorities as Hebra and his son-in-law, Kaposi, consider (erroneously) chickenpox and variola to be the same disease, it becomes evident there is much in the matter to merit attention, while, perhaps, a short study of Buist's experiments will show that the subject has its difficulties. I cordially agree with Dr. Birdwood that the study of variola will be found full of interest to the student of pathology, not only for itself, but for the vistas of thought it opens out, and I sincerely wish that I could have been more in line of agreement with him as the author of a Theory of Smallpox.

S. BINGHAM
(Late Med. Supt. Metropolitan Asylum
March, 1893. District Hospital at Hampstead).

GUY'S HOSPITAL RIFLE ASSOCIATION.

Proceedings for the summer will commence on Thursday, May 4th, on which day, from 2 to 6 p.m., the range at Ilford will be open for the use of members. The range is about 10 minutes' walk from Ilford station, to which there are frequent trains from Liverpool Street, the most suitable starting at 1.15 and 2.3. Ammunition can be obtained on the range, and will be charged for at the rate of 4d. per packet of 10 rounds. Every member is requested to go down for practice, as the selection of the team for the following week partly depends on the manner in which each man acquits himself.

The following matches have been arranged for May:—
May 10th, Guy's v. Royal College of Science, Runnymede.
17th, Guy's v. Dulwich, Bromley.
29th, Guy's v. Whitgift, Marden Park.

H. FULHAM-TURNER, Hon. Sec.

PASS LIST.

FINAL CONJOINT EXAMINATION, APRIL, 1893.

Medicine, Surgery, and Midwifery.
* Harris, W. J.

Medicine and Midwifery.
Muncaster, J. H.

Surgery and Midwifery.
Cresswell, S. C., Kirby, R. C., Pendred, V.

Medicine only.

*Beddoe, D.M.	Hacquoil, P. H.
*Bedford, R. T.	*Hazell, F.
Biggs, J. J. E.	Lawton, W.C.
Cooley, A. G.	*Luce, R. H.
*Eccles, H.D.	Reid, E.
Evans, E. G.	*Williams, J. O.

Surgery only.

*Adams, E. L.	*Johnson, W. J.
Bond, J. L.	*Moffatt, C. E.
Creak, A. B.	Roe, E. E. W.
Fagge, R. H.	*Todd-White, A. T.
Hunt, E.	Williams; F. E.

Wilson, F. W.

Midwifery only.

Compton, J. H.	Manning, T. D.
*Cooper, H.	Meyrick-Jones, H.
Edwards, F. H.	*Simons, R. J. R. C.
*Jackson, T. S.	Taylor, J. W.
John, T.	Wales, H. J. L.

* Denotes completion of examination.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE, APRIL, 1893.

Pass List.

Elementary Anatomy and Physiology, Chemistry with Chemical Physics, and Botany with Medical Botany.
A. B. Passmore.

Chemistry with Chemical Physics, and Botany with Medical Botany.
E. E. Frazer.

Botany with Medical Botany.
H. B. Rygate.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE, APRIL, 1893.

Pass List.

Blight, J. H.	Frazer, E. E.
Donnelly, W. T. B.	Pakes, W. C.

Rygate, H. B.

Passim.

We are requested to state that all past and present students will be most cordially welcomed at Honor Oak Park on the occasion of the opening of the Clubs' Union ground on Wednesday next, and that any such who may not have received an invitation ticket can obtain one on personal application at the Medical School office, or by writing to the secretary of the Clubs' Union.

Four tennis courts have been marked out on the ground at Honor Oak Park, and the game has begun in earnest, but the turf is badly in need of some spring showers. Perhaps now the rain has kept off so long it will be kind enough to wait till after Wednesday.

Some ardent cricketers may go down on Wednesday morning to see the Past and Present Match right through; but if such wish to make sure of getting luncheon in the pavilion on that day, they should leave their names on Monday with the steward of the Club.

We hear that the band of the Scots' Guards has been engaged to enliven the proceedings with their well-known excellent music.

If, as we trust will be case, the festivities at Honor Oak Park should attract a goodly number of Guy's men who do not pay frequent visits to town, we hope they will come up early and make a preliminary call at the Hospital. The new buildings should be seen by all such. The laboratories are now in full working order, and their self-evident efficiency will gladden the hearts of all interested in the Medical School, especially of such as are thinking of entering their sons at Guy's. The chemical and bacteriological laboratories are second to none in London. The dental department, too, is now equipped in a manner that will surprise all who have not yet had an opportunity of seeing it.

Mr. Bryant has suggested to us that the memory of Dr. Bentley should be better cared for at Guy's. Dr. Bentley was the originator of the Pathological Society, and founder of the Victoria Park Hospital; both of which institutions have been of immense value in their own sphere There is a short but excellent account of this Guy's Worthy in the "Biographical History," and there is no doubt that he was a man we should be proud of. A tablet of some sort in memory of one whose energies did so much for pathological science would certainly not be out of place in the Museum. We shall be glad to hear from any who are interested in the matter.

The Bicycle Club has commenced the season well, and last Saturday enjoyed an excellent run to Neasden, afterwards returning to partake of the hospitality of Mr. Eastes. We hope that all cyclists who care to ride in company will secure a card of the runs from the secretary, or study the notice-board in the colonnade.

The pass list of the First Conjoint Examinations, which was published in our last, is, we believe, the largest on record, and, numerically, Guy's is considerably ahead of other hospitals. Many disasters have occurred in the Finals which are now going on, and certain candidates have suggested that the examiners have taken umbrage at the correspondence which appeared in our columns, and have been specially hard upon Guy's men. Examiners are human—very—but they are scarcely so weak as that!

The following names were omitted from the Pass List in our last:—A. G. Butler passed in Physiology and Anatomy; H. Leader in Anatomy only.

We hear that there is a good list of summer entries. We offer a cordial welcome to the new comers, and heartily congratulate them on their choice of a hospital.

The prize examinations sometimes suffer from the fact that men forget that the hour is at hand, and therefore omit to put the necessary steam on. We would remind our readers that the struggle for the Treasurer's medals begin on June 7th, and that the first day of the Fourth Year's examination is June 13th; of the Third Year's, June 15th; while the Second and First Year's men compete on July 19th.

We omitted to mention in our last number that Mr. Targett was presented, on the occasion of his marriage, with a very handsome set of table plate in an oak case, bearing the inscription "Presented to J. H. Targett, Esq., M.S., by the Students of Guy's Hospital, 5th April, 1893." Mr. Targett desires, through the medium of the Gazette, to express his hearty thanks to all his friends in the Hospital, with whom and for whom it has ever been a privilege and a pleasure to work.

We publish to-day an instalment of Mr. Howard's paper on Uræmia, which obtained the Physical Society's prize; and also a commentary from the pen of Mr. C. C. Elliott, one of the series which obtained the Gurney-Hoare prize last year. The latter will be valuable to intending competitors as a standard for working up to. We might remind them that the date for sending in their reports and commentaries this year is July 1st.

The indignation about our absent list of contents has become acute since our last number. We shall continue to place it for a time on page iv. of the advertisements, where it is found to-day. If, however, this does not meet with approval, it shall return to its old position.

CONJOINT BOARD CAROLS.

By Mudlark Stripling.

II. THE COLLEGE VIVA.

Where have you been all this long day,
Johnnie, Johnnie?
Up on the Conjoint *viva* lay,
Johnnie, my Johnnie, aha!
They called us out of the waiting-room,
And loud each one of our hearts did boom,
But you can't refuse to face your doom,
When the College holds a *viva*.
(*Bells*: Ting-ting-ting.)

What did you get to eat and drink,
Johnnie, Johnnie?
Oh! an excellent dinner. What do *you* think?
Johnnie, my Johnnie, aha!
A cup of tea that was well-nigh cold,
Some bread and butter 'bout three weeks old,
And a cake that had just on the floor been rolled
Where the College holds its *viva*.

What did you do for your cigarette,
Johnnie, Johnnie?
Oh! I couldn't get on without that, you bet!
Johnnie, my Johnnie, aha!
"No smoking allowed," the notice said,
"Within the Hall," so I stuck my head
Out of the waiting-room window instead,
While the College held the *viva*.

How fared you and all your batch,
Johnnie, Johnnie?
We did our best, but it wasn't much catch,
Johnnie, my Johnnie, aha!
For some got badgered, and some got pipped,
And some got cheeky, and some got hipped,
And a few by the skin of their teeth just slipped
Through that awful College *viva*.

What of your own affair——affair,
Johnnie, Johnnie?
I can't quite tell for I'd drowned my care,
Johnnie, my Johnnie, aha!
I was full of fizz as a bloomin' toff,
And 'twas all I could do to carry it off,
And the crowd round the door did loudly scoff
As I left the College *viva*.

What was the end of all the show,
Johnnie, Johnnie?
Ask the Bobby, for I don't know,
Johnnie, my Johnnie, aha!
We broke all the lamps along the road,
And so to the lock-up off we goed,
And freely and fast the language flowed,
After that College *viva*.
(*Beak:* Forty shillings or a month).

E. H. C.

CASE OF FILARIA SANGUINIS HOMINIS.

I am enabled, by the kind permission of Dr. Marson, to publish the accompanying photograph of a case of his:—(Fig. 1.)

The patient, 21 years of age, was born in Trichinopoly, of European parents, and has remained in India until eighteen months ago. He noticed the swelling in his groin three years ago; it gradually increased to its present size. Eighteen months ago a similar but much smaller swelling appeared in his right groin. The swellings are soft, sub-fluctuating, lobulated, not adherent to the skin, but not moveable over the deeper structures. They diminish in the recumbent posture and can be slowly dispersed by pressure; no impulse on coughing. Puncturing the left with a hypodermic needle gave exit to a large quantity of pinkish white coagulating fluid, in which lymph corpuscles and filaria embryos were found. A similar fluid was obtained from the sac of the left tunica vaginalis, in which filariæ were present in enormous numbers. Blood, drawn from a finger towards midnight, contains from 400–500 filariæ in each drop. The patient enjoys excellent general health, and is only inconvenienced by a feeling of tension in the groin swellings on standing for a long time, and on taking active exercise.

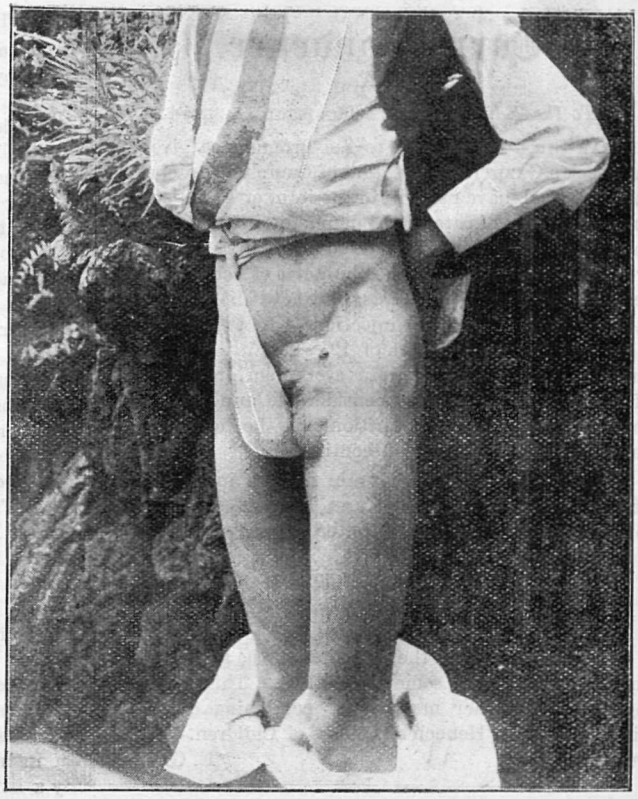


Fig. 1.

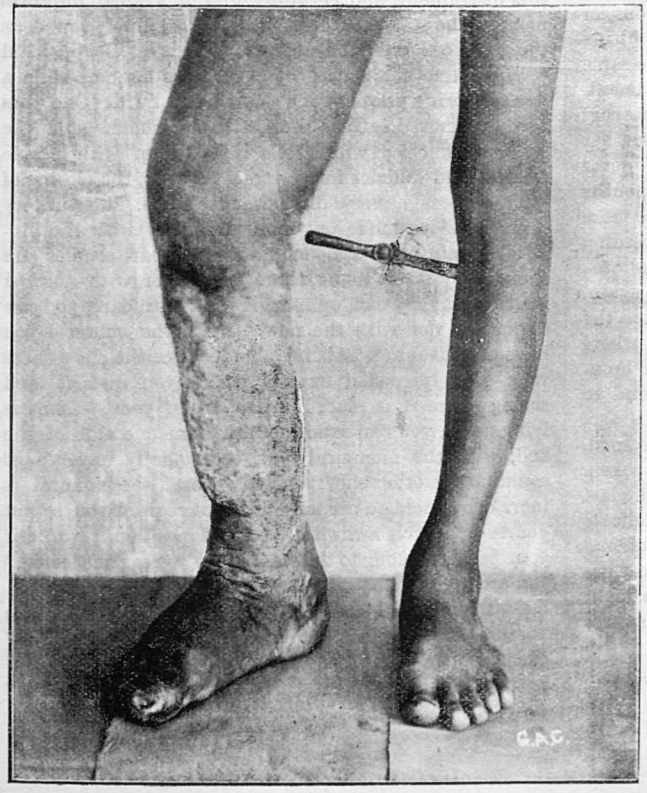


Fig. 2.

The pathology of such an appearance as this was for a long time obscure. It has, however, been lately shown to be due to some obscure influence acting on the parent worm, and causing it to abort. The average embryo is about $\frac{1}{3500}$ inch in breadth, and so can pass through the smallest capillaries; whereas the mature ova cannot pass through any vessel having a diameter of less than $\frac{1}{700}$ inch. This would show the inadvisability of any treatment which aimed at destroying the parent worm, as such treatment might easily cause it to abort. For further information as to the very interesting life history of this parasite, I must refer those interested in the subject to Dr. Marson's writings.

The second photograph is from a Chinese Coolie, and represents an early stage of Elephantiasis.

E. E. HENDERSON.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—I was glad to see prominence given in last week's Gazette to the value of Camphor as a cardiac stimulant. I have used it in the form of an injection, in several cases of catarrhal pneumonia in children, and in most of them it had a marked effect in reducing the frequency and improving the character of the pulse, and in one case when there was obstinate diarrhœa, this stopped entirely after two injections. In two cases, one a boy of 5, the other a girl of 12, when it was given by the mouth in doses of 1 grain every hour, incontinence of urine came on causing considerable annoyance, but there was no painful micturition and the incontinence passed off as the drug was discontinued.

With regard to dosage, 1 grain may be injected with perfect safety twice a day, and I would suggest the following formula, as oil makes the syringe so difficult to clean:

℞ Pulv. Camphor gr. xij.
Sp. Vini Rectificati ʒii ss.
Aq. ad ʒ ss.

On adding the water the camphor will be precipitated, but, on shaking, it soon re-dissolves. This formula, together with other methods of combining camphor, will be found in Henoch's Diseases of Children.—Yours truly,

E. G. M.

Sir,—The following notes of a case of nervous or hysterical aphonia that I have just met with in my practice may be of interest to your readers; at the same time, I should be very glad of any hints as to treatment.

Mrs. S., married, aged thirty, no family. Ten years ago, whilst singing in a singing class at her chapel, her voice suddenly left her. For nine months she never spoke again, then it as suddenly returned. Six months after that she lost her voice again, to return once more after about four months. Then every winter succeeding she lost her voice, it returning again with the swallows. Finally, two years ago last Christmas, she lost it again, and has been voiceless ever since. She attributes the last attack to her having to leave a hot bedroom, where she was nursing her mother through an attack of bronchitis (with steam kettle), and go down to attend to customers in a cold shop. About eighteen months ago, a mouse ran up her sleeve, and she then screamed, "Oh!" loudly. On no other occasion has she spoken. She has never had any serious illness, but, for the last ten years, has been in indifferent health, with a delicate appetite. Her mother tells me that *she* often suffered in the same way in her younger days, having lost her voice once for two whole years; it returned the night before one of her confinements, and never afterwards left her.—Yours truly,

T. RENEL ATKINSON.

"ENEMA-APPARATUS" *v.* "RECTUM-BOUGIE"

One of my medical friends abuses my binaural stethoscope by calling it my "Enema-apparatus." I retort by styling the ivory, ebony, wooden, mon-aural structure which he uses, his "Rectum-Bougie." I should like to invite discussion on the relative merits of the two forms of stethoscope.

After twenty years' use of the mon-aural instrument, taught to me originally by Addison, Barlow, Owen-Rees, Gull and Wilks, I purchased, some twelve years ago, a binaural instrument, having a somewhat strong spring formed by a broad elastic band, and furnished with rather rigid tubing. I surmounted the preliminary difficulties, the huzzing and buzzing, the sounds arising from the muscles of chest, those from one's own breathing on the cross elastic band, and those from rubbing one's beard or whiskers against the instrument, not to mention the embarrassment occasioned by the stoppage of both ears, preventing one's hearing a patient's remark, or a servant's knock at the consulting room door. By degrees I began to make out the respiratory and cardiac sounds fairly well, but in any special case I had to correct the observation by using the monaural instrument. This went on for a year, but by that time I found that I might as well use the monaural first as last, so I discarded the new apparatus and for several years kept to the old one. Some twelve months ago, finding at Guy's and other hospitals that all the students and most of the physicians used the binaural, I procured an instrument of their pattern with soft elastic tube. By a little perseverance I have got in the way of using this instrument, and certainly find it a great improvement. The soft tube does not cause so much sound as the hard one did; the absence of a cross elastic band removes another source of extraneous sound, while a weaker spring prevents one's ears being hurt. One gets used to not hearing the patient's remark and the servant's knock; while in a noisy room with people talking, and vehicles in the street rattling, the closing of both ears is a very distinct advantage. Respiratory sounds can be made out more distinctly with the binaural than with the monaural. Heart-sounds are thought by some to be made out better with the old instrument; my own opinion is that, with care, you can do just as well with the new. With the binaural you have the advantage of being able to place the chest-piece with great precision exactly where you wish it, and seeing where it is placed. Also, when your patient is lying down, you can examine him from one side of the bed, with the monaural you occasionally have to go round to the other side; and, in general, the binaural is more convenient to use, and does not require you to put yourself in such awkward, strained positions; while if your patient belong to the class of the "great unwashed," you are in less danger of carrying away live-stock.

On the whole, I consider that the advantages of the binaural are manifest, and that my "Enema-apparatus" excels my friend's "Rectum-Bougie."

"A GUY'S MAN OF THE SIXTIES."

MEDICAL MISSIONARIES.

The Society for Promoting Christian Knowledge has made provision for offering studentships for the training of Medical Missionaries. The studentships will be tenable for periods not exceeding four years. The amount of them, which will not in any case exceed £150 a year, will be fixed by the Standing Committee of the Society. The Standing Committee will nominate to the studentships, and the following classes will be eligible for appointment to them, viz.;—

1. Medical men who, having completed their professional education, are willing to go through the training needful for ordination, and after being ordained, to go out and exercise their medical skill and experience as missionaries among the heathen.

2. Clergymen who are willing to go through the needful training for the medical profession, and, after obtaining their diploma, to go out as missionaries as those described under class No. 1.

3. Medical men who, having completed their medical training, desire to undertake lay mission work among the heathen, and are willing to undergo at least one year's training with that object.

The holders of scholarships will be required to pledge themselves to go and work as Medical Missionaries among heathen or Mahommedan races.

RECENT PUBLICATIONS.

Bennett (W.H.) Clinical Lectures on Abdominal Hernia. 8vo, Longmans, 8/6.

Berry (G.A.) Diseases of the Eye, 2nd edition revised and enlarged, with coloured plates, 8vo, Pentland, 25/-.

Caird (F.M.) and Cathcart (C.W.) A Surgical Handbook, 5th edition revised, 12mo, Griffin, 8/6.

Crocker (H.R.) Diseases of the Skin, 2nd edition with 92 illustrations, 8vo, Lewis, 24/-.

Fenwick (E.H.) Cardinal Symptoms of Urinary Disease with 36 illustrations, 8vo, Churchill, 8/6.

Galabin (A.L.) Diseases of Women, 5th edition, 12mo, Churchill, 8/6.

Gibson (G.A.) Cheyne-Stokes Respiration, 8vo, Simpkin, 5/-.

Gibson (G.A.) and Russell (W.) Physical Diagnosis, 2nd edition, revised and enlarged with 109 illustrations, crown 8vo, Pentland, 10/6.

Medical Annual (The), 1893. 8vo, Simpkin, 7/6.

Morten (H.) How to become a Nurse, 8vo, Scientific Press, 2/6.

Muskett (P.E.) Prescribing and Treatment in Diseases of Infants and Children, 2nd edition, revised and enlarged, 18mo, Pentland, 6/6.

Treatise on Human Anatomy by various authors. Edited by Henry Morris, illustrated by 791 engravings (many in colours), royal 8vo, Churchill, 40/-.

THE INFLUENZA OF 1891.

By A Guy's Man of the Sixties.

I.

Oh, must I say how ill we felt?
And must I tell you when, sir?
May, eighteen hundred and ninety-one—
Russian Influenza!

II.

Sickly, faint, and very cold,
Our heads grew giddy then, sir;
Burning hot, and racked with pain—
Horrid Influenza!

III.

Oppressed with thirst, parched tongues, and throats,
We bore it all like men, sir;
Though eyes and ribs, and backs and limbs,
All ached with Influenza!

IV.

They brought us gruel to our rooms,
Made dark as any den, sir;
Enveloped us in eider-downs,
To cure our Influenza!

V.

But one escaped in all the house,
Victims we were ten, sir;
Though, happily, not all at once
Were down with Influenza!

VI.

None left to cook, or clean the rooms,
And none to feed the hens, sir;
Or purchase food, or drive the horse—
All ill with Influenza!

VII.

Six telegrams for nurses sent;
Replies returned again, sir;
"So very sorry—all engaged,
Nursing Influenza!"

VIII.

You ask the cause of all this ill;
That's quite beyond our ken, sir;
'Twas in the air, yet from some friend,
We caught the Influenza!

IX.

And now I've told my saddening tale,
And must lay down my pen sir;
Let none who've hitherto escaped,
Make light of Influenza!

WHIFFS FROM THE SMOKE-ROOM.

Enthusiasm and Haggis, washed down with good liquor, strong and fragrant, produce a glow on the features, and loosen the tongue to wag pleasantly! The face of Teufelsdröckh shone with cocks-comb redness as he and the Caledonian entered the College. The numerous papilomata, which covered his naturally pale visage, now blazed like carbuncles. The smoking-room Loafer tittered, "boozed," but our Caledonian knew better. He knew that it was spirit *(Geist)*, not alcohol *(Spiritus)*, which caused radiance in the person of the Professor. "*Mein Gott*," roared that philosopher of Weisnichtwo, "here as everywhere behold the latter day *(jahrhundertsende)* abuse of clothes! No adaptation. The Unfitting always, the Fitting never! *Donnervetter!* Students of medicine, of all people, dressing wounds and attending *die Kranken* in old and filthy garments, rendolent of stenches, with sleeves bloody, and encrusted with vile abominations. In my country *(in dem Vaterland)* we—even we, the small-paced Teutons—would revolt at such uncleanness! But you, Britons, filthy by nature, would scout the idea of adopting our holland hospital garments, and, sneering, would turn up your Conservative noses with scorn."

On hearing the word "Conservative," a gentleman of the Law'ndorder Brigade swung round, and though somewhat alarmed by the beligerent appearance of the Professor, bravely objected to what he considered the misapplication of the word.

"Fool! Ignoramus!" screamed the Professor. "Art thou so ignorant of thine own mother tongue *(Mütter sprache)* that you would limit a word to one significance. A curse for your Politics! and a curse for you, you buzzing hornet!" Then turning to the Caledonian, with a voice modulated and sweet, Teufelsdröckh murmured, "*Ach mein lieber*, 'tis with you Radicals that the fault lies. In this world of kings and beggars, angels and demons, stars and street sweepings, chaotically whirled, 'tis you Levellers who have brought about the destruction of right and orderly dress. The surgery dresser here, equally with the sweep who cleans my chimney in Weisnichtwo, objects to any garb distinction, and both are content to grub on in filth. The dead level of dress is even more tedious than the dead level of respectability. Does not your great philosopher, Herbert Spencer, blame the democratic spirit for producing this hideous regimental uniformity in costume?

At the name of Herbert Spencer, the smoking-room Socialist snorted loudly, and would have upbraided our friend for his "unsoundness," but for the fact that the Oxford-man attracted the Professor's attention by whistling, very sweetly,—

"There is a green hill far away."

"'Hill Green,' Metaphysics and Theology, I know all, thundered the Professor, "and I admire above all men your great philosopher, Herbert Spencer; not as an exponent of the Dismal Science do I admire him, but as the strong man, hard and cold, stamping on shams and crushing political tom-fools! A rap for your Metaphysics!" continued he. "Theology itself is palatable to me merely because that Science reminds me of the glorious clothes distinction of the Church. Vision of gaiters. Oh! but remember that even in the Church the Leveller tried to reduce all to the damned drab colour of his own vile personality. The priest and the verger identical! But a reaction has set in, and the sacristan in his black gown gnashes his teeth as he looks pulpitwards. *Ach!* in these days of blatant Agnostics and maiden-tribute Mahatmas, I fear even for the permanence of the Church. Look! look! all around Sanscullottism rampant. Ireland to be admitted into the idle workhouse. Irish Whites to be emancipated. What then is to become of clothes?

"The bricklayer laying his bricks in an old billy-cock-hat and shabby tail-coat is more charming to the eye of the degraded 'Liza than were he dressed in fitting garb. The 'Arry *(der Pöbel)* seeks to imitate the Duke. Look at his silk-faced coat. Silly jackass! The real duke is discoverable—the phantom duke everywhere conspicuous. Oh, the great Falsity! Nature admits no lie; most men profess to know this, few in any measure lay it to heart. You Captains of Labour! You Agitators! You rattlers of ballot boxes and Fawners on the working men, drive home to them that they cannot reason or think soundly, much less legislate, unless they are sometimes clean. Preach the dignity of the clean shirt! Teach them to suit their clothes to their work in life *(Lebensarbeit)*. Point out to their perverted eye the engine-driver in his neat blue jacket, or the *chef* in his immaculate white. Educate them to admire the blue-clad ruddy-cheeked butcher boy.

"'All the world is a stage,'—then, *in Namen Gottes*, let the actors dress their part as befits the character, and let them remember that the Earl and the Churl may by their performance equally please the Great Spectator. Hideous to the eye is the Churl in the Putz-mantel of the Earl—contemptible is his performance."

A groan, as from a dental extraction, ended the Professor's discourse. His next remark was, "*Prosit*," followed by a gurgling of much beer to the health of the Caledonian, whom he loved like a brother. The two now departed, the Scot to assume his national costume, and the Professor to complete his study of petticoats in Regent Street.

BEN.

Review.

Dissections Illustrated. A Graphic Handbook for Students of Human Anatomy, by C. Gordon Brodie, F.R.C.S., with plates drawn and lithographed by Percy Highly. In Four Parts. *Part I.—The Upper Limb*, with 17 coloured plates. London: Whittaker & Co.

Even Guy's men, with all the advantages bequeathed to them by the skill of Joseph Towne, may at times wish for something to illustrate their anatomical reading more portable than the wax-work cases. The latter cannot well be taken into the park on a sunny afternoon, and any attempt to do so with them might lead to unpleasantness. The next best thing to a wax model, when one is, perforce, away from the dissecting-room, is a really good coloured illustration, large enough to produce a visual impression approximating to the real thing. Such illustrations are supplied in an admirable manner by the volume before us. The dissections for the work were all made by Mr. Brodie, while the drawings have been made and placed on the stone by Mr. Highly, with excellent effect. They are all two-thirds the natural size. The justification for such publications is the fact that large coloured illustrations better assist the visual memory of anatomical relations, and are much more easily associated in the mind with the actual structures than the small plain engravings of the text-books. The size chosen for the plates in the present work seems to us to combine these properties with that of easy portability. The colouring is very satisfactory, and the detail, for the most part, clear. The reference numbers placed on the various parts of the dissections are not always very visible, and in rare instances the colouring of the muscles overlaps and obliterates the nerves—thus, in Plate XIII., the branch of the circumflex to the teres minor is hardly to be discovered. But, for the most part, the scheme is admirably carried out and the plates most reliable. The outline diagrams which accompany the latter are original and very useful. We wish some of them could have been larger. If succeeding parts are to be equal to the one before us, we can confidently recommend the work. It should be specially useful to practitioners who wish to refresh their memories of the dissecting-room.

In describing Mr. Hoare's test tube in this column in our last, we omitted to mention that it may be obtained of Messrs. Hills & Co., Newcomen Street.

METALLOTHERAPEUTICS.

Cuprum and its salts are described in Materia Medica books as having caustic, astringent or emetic properties, but the following case might account for other and more romantic powers being attributed to it. A little boy, æt. 5, of Jewish ancestry, was recently admitted into a well-known fever hospital with a very severe attack of measles complicated with broncho-pneumonia. Both lungs were almost wholly dull. R. reached 84-90, and was at times of the Cheyne-Stokes character. T. was 104·6. Inhalations of oxygen were given, though the case appeared almost hopeless. Nothing, however, could ease the distress of the little sufferer, amid whose fretful wails the word, *Money! Money!!* kept constantly recurring. Happily the recent fall in Irish Securities had not affected credit at this hospital, and a sum of three halfpence, including a bright halfpenny, was speedily subscribed and presented to him, carefully secured in the corner of a handkerchief. Clutching this he fell into a refreshing slumber, and when, after some hours, he awoke, the prognosis seemed as hopeful as it had previously been desperate. Nevertheless it was deemed expedient to administer a further dose of three farthings, and from this moment recovery seemed assured. Had the little sufferer not inherited a constitution seasoned by centuries of persecution, or had the right method of treatment not been hit upon, it seems only too certain that he would never have rallied from the disease. If you see this reprinted to-morrow as a testimonial to Harness's belts, you will know that it has *not* emanated from, yours truly,

PYREXIA.

ON URÆMIA.

[Read before the Physical Society of Guy's Hospital, January 21st, 1893.]

Mr. President and Gentlemen,

In considering the choice of a subject for my paper before this Society, I thought that anything connected with Bright's disease of the kidney must necessarily be of interest to Guy's men, for to Dr. Bright's observations in the Wards of this Hospital in the early part of the present century we owe the greater part of our knowledge of these diseases; and no part of the subject is, to my mind, so interesting, and at the same time, so elusive and difficult to explain as the group of symptoms classed together under the term Uræmia.

This name, "Uræmia," coined to represent the theory that the symptoms described were due to the poisonous effects of an accumulation of urea in the blood, is now employed clinically to designate a group of symptoms occurring during the course of some cases of nephritis, and consisting principally of various functional disorders of the central nervous system.

In the reports on cases of albuminous urine first published by Bright in 1827, mention is made of the occurrence of epileptiform convulsions during the course of certain cases, and their cause thought to be the anæmia and œdema of the brain found post-mortem, and considered by Bright to be part of the general anæmia and œdema from which the patients suffered.

In the second volume of his reports, published in 1831, Bright again remarks on "the deranged action of the kidneys as it affects the cerebral functions," and states that in some of his cases marked by scanty urine, urea was found in the blood, but in others it was not found.

Since the time of Bright, many investigations have been made with the object of finding some causal connection between the kidney disease and the cerebral symptoms. The experiments and observations have been conducted almost entirely upon the two lines suggested by Bright, and hence two distinct and separate theories have been proposed. In the one, the symptoms are ascribed to organic changes, such as the condition of cerebral œdema, combined with anæmia; in the other and more generally accepted theory, they are accounted for by the presence in the blood of an accumulation of excretory products which exert a toxic action on the body in general, and upon the brain in particular. We have seen that Bright considered this toxic substance to be urea. The results of numerous experiments, however, tend to show that this is not the case, and, consequently, every other constituent of the urine has been suggested in turn; but to these modifications of the toxæmia theory I propose to return later, when discussing the pathology of uræmia.

Let us first consider the symptoms of uræmia as we meet with them clinically in cases of Bright's disease, and at the outset we may roughly divide them into acute and chronic.

Beginning with the acute form, I will first relate a typical case which occurred in Mary Ward at the beginning of last year.

M.W., aged 62, admitted on December 31st, 1891, under Dr. Hale White, for acute nephritis. Six weeks before admission, the patient got wet through, and the next day complained of pains in the loins. Four weeks later she became dropsical, and had frequent attacks of vomiting, which continued up to admission a fortnight later. During the two days subsequent to admission she passed 10 ozs. of urine per diem, containing 1 per cent. of urea, or about 90 grains in the two days. On the morning of the third day she was very drowsy, and had twitchings of her limbs; she again passed 10 ozs. of urine. About midnight, the patient had an epileptiform fit; the convulsions being principally confined to the left side. Fifteen ozs. of urine were drawn off by a catheter, and later on, 40 ozs. were passed into the bed. During the next three days there were twitchings of the muscles and drowsiness, and the patient gradually sank into a condition of partial coma, from which she could be roused by shouting. On the following day, eight days after admission, the patient had an attack of extreme dyspnœa, and died shortly after. At the autopsy, the kidneys were found to be granular, and also to show signs of active inflammation.

This case illustrates fairly well the course of events in a moderately acute case of uræmia—namely, convulsions, either a single attack or frequently repeated, so that the patient is practically in the status epilepticus, preceded for some time by dropsy and vomiting, and succeeded by coma and death. Before the fit, the pulse in many cases becomes slower, sometimes down to 40 or 50 per minute. The uræmia fit is often indistinguishable from true epilepsy, and may be closely simulated by hysteria. In epilepsy, however, there are not the continued premonitory symptoms of muscular twitchings so frequently found in uræmia, the epileptic aura being usually of brief duration, only lasting a few seconds or minutes. During the fit the epileptic is cyanosed, the uræmia patient pale. Moreover, the epileptic convulsion is frequently single, and when so, is usually followed by sleep, though occasionally coma supervenes. If, however, there is no œdema, no urine available and convulsions rapidly succeed one another, a diagnosis may be impossible.

A case occurred in John Ward last week in which the diagnosis was at first somewhat uncertain. A man aged 60 with no previous history of fits was seized with a convulsive fit in the street and brought up to the hospital. In the surgery he had another fit, apparently typically epileptic, he then passed into coma with stertorous breathing; later he had marked dyspnœa. The next day patient was better, and, under purgative and diaphoretic treatment rapidly got well. Here, the facts that the urine was albuminous, the pulse hard and the radial arteries tortuous, as well as the presence of coma and dyspnœa, decided the diagnosis in favour of uræmia.

Other cases occur in which the symptoms are far more acute. Thus convulsions may be ushered in by sudden amauroris, the patient becoming in an instant absolutely blind, and then going off into the status epilepticus which may pass on to fatal coma. In other cases the blindness may occur after the fits, or quite independently of them. In itself it is a recoverable condition, sight being regained within the next twenty-four hours, or at most in the course of a few days. It is quite independent of the albuminuric retinitis so frequently observed in chronic Bright's disease, and has been regarded by some as due to œdema of the retina: by others, as the effect of the uræmic poison on the higher visual centres. More rarely than the blindness, sudden and complete, though temporary, deafness may also occur.

In some cases of acute uræmia a patient becomes suddenly unconscious without any premonitory symptoms whatever; in some cases even without any previous anasarca. He may be walking along the street, apparently in good health, when he falls down as if in apoplexy. Addison first described this form of the disease in the Guy's Hospital Reports for 1839, and stated that the coma which followed the so-called "serous apoplexy," was characterised by a peculiar hissing stertor and by contracted pupils. The latter statement, however, seems to have been made on insufficient evidence for the pupils are found in most cases to be dilated, or semi-dilated, thus affording a means of diagnosis from the coma of opium poisoning. From cerebral hæmorrhage this condition may be diagnosed by the absence of paralysis, and from belladonna poisoning by the absence of mirthful delirium and by the examination of the vomit and urine. Mania coming on suddenly in patients who have shown no previous indications of mental trouble occurs rarely in Bright's disease, delusional

insanity and melancholia are more common, they are probably to be considered as uræmic manifestations.

Turning next to the symptoms which characterise the condition of chronic uræmia, we find that convulsions may be entirely absent or represented only by twitchings of certain groups of muscles. Constant or frequent headache is perhaps the most common symptom. The pain is generally localised either in the frontal or occipital region, and is frequently very severe. The headache may be accompanied by giddiness or drowsiness, and may persist for weeks or months, the patient gradually becoming more and more dull and apathetic, and finally sinking into a low typhoid state. This form of chronic uræmia may in fact sometimes lead to a difficulty in diagnosis from enteric fever, as in a case mentioned by Dr. Wilks in the Guy's Reports, where the patient was admitted with pains all over him, general febrile symptoms, headache, dry furred tongue, rapid respiration, and a history of diarrhœa for some weeks. The urine was albuminous and scanty.

The temperature, however, is not usually raised in uræmia, and will, therefore, be an aid to diagnosis if the patient is under observation for a sufficient length of time. In contrast to the drowsiness and stupor just described, some cases exhibit, in the early stage, most distressing insomnia. Dyspnœa is another very common symptom of chronic uræmia. Four varieties may be distinguished: (1) continuous dyspnœa, the patient being constantly orthopnœic; (2) paroxysmal attacks; (3) continuous rapid breathing, alternating with most distressing paroxysms; (4) Cheyne-Stokes breathing. The paroxysms occur most frequently at night; they are usually unaccompanied by physical signs, though soft cooing rhonchi may sometimes be heard. The Cheyne-Stokes breathing is not necessarily a fatal symptom, but may be recovered from even after persisting for weeks or months; it is not always accompanied by coma.

Gastro-intestinal symptoms are very common in chronic uræmia. Vomiting usually occurs early and may be very persistent; at first it may come on only in the morning when the stomach is empty, but later it may become very frequent; no food being retained at all, and the patient rapidly becoming emaciated. The vomit sometimes is alkaline, containing ammonic carbonate, but is more frequently acid. Diarrhœa often accompanies the vomiting. There is some doubt as to whether these symptoms are really entitled to be considered uræmic in the sense of being nervous in origin, for they may be caused by the local irritation of the poison excreted into the alimentary canal, or œdema of the walls of the stomach and intestine.

The skin is sometimes affected during the course of chronic uræmia, itching is very common, occasionally a severe form of erythema, with much subsequent desquamation occurs. Dr. Lancaster described eight cases of uræmic dermatitis in the Clinical Society's Transactions for 1891, and an apparently similar case occurred in Philip Ward, under Dr. Pye-Smith, last summer. The patient was the subject of chronic nephritis, and one day developed erythema papulatum on his left arm; this rapidly spread until, in a few days, it was almost universal—face, trunk. and legs being all affected; the patient then began to peel, and ultimately recovered completely from the dermatitis. Rarely, in cases of uræmia, the whole surface of the body becomes covered with crystals of urea. A case of this kind occurred under Mr. Lucas in September last, and other cases have been collected by Dr. Taylor in the Guy's Reports.

Having thus briefly considered the principal symptoms of acute and chronic uræmia, we will next discuss the conditions under which the symptoms occur. According to the late Dr. Sutton, uræmia never supervenes in chronic Bright's disease unless some acute inflammatory change in the kidney has set in. If we substitute "hardly ever" for "never," this statement is borne out by our clinical and post-mortem records, for the cases in which uræmic symptoms most commonly develop are found to be either during a first attack of acute nephritis, as in post-scarlatinal nephritis, or in those cases of acute or chronic nephritis, in which a certain amount of acute change is found occurring in old granular contracted, or in large white kidneys. Most of the cases in which no acute change can be found are those extraordinary ones in which both kidneys are so markedly atrophied as to weigh 2 or 3 ounces in all, as in a patient of Dr. Taylor's in Mary ward in May, 1892, who was admitted for symptoms of acute uræmia, and at the autopsy was found to possess kidneys which only weighed half-an-ounce and one ounce respectively, the small amount of kidney substance present being extremely granular and hard. This fact of the almost constant occurrence of acute nephritis in cases of uræmia has a most important practical bearing, for in any patient suffering from chronic Bright's disease there need be no anxiety with regard to uræmic symptoms, as long as it can be shown that there is no acute inflammatory change going on; and also when uræmia does set in the patient should be treated for acute nephritis. Again, uræmia is more common in cases of large white kidney than in those of small red kidney, the former being more liable to recurrent exacerbations than the latter.

As to the occurrence of the uræmic symptoms with suppression of urine and diminution in excretion of urea, it is undoubtedly the fact that in some cases the conditions of suppression and uræmia do occur together, but there are a great number of cases in which the quantity of water passed is in no way diminished during the attacks. The amount of urea excreted in the twenty-four hours is, however, nearly always diminished. Thus, for example, in a patient admitted into John ward in November, 1891, for acute nephritis, the quantity of urine for seven days averaged 41 ounces, and the urea 161 grains per diem. During these seven days he was drowsy, vomited frequently, had several epileptiform convulsions and sank into coma. Suppression occurred 36 hours before his death.

This point leads me to the consideration of cases of obstructive suppression of urine, and to the comparison of the symptoms thus produced with those we have previously discussed as occurring during the course of the uræmia of Bright's disease. Obstructive suppression of urine is not of very frequent occurrence; most commonly it is due to the impaction of a calculus in the ureter of a person who has only one functional kidney. For example, the other kidney may be congenitally absent, or the opposite ureter may have been at some previous time rendered impervious by an impacted calculus, or by some accident or disease. Or again, both ureters may be blocked by a contracting growth about the base of the bladder.

The great point of interest about these cases, to my mind, lies in the fact that complete suppression of urine may occur in them without any disease of the kidney whatever, and that, moreover, the patient may be in excellent health up to the moment of onset, whereas in Bright's disease, before uræmia sets in, considerable structural change has occurred in the kidneys, severe constitutional disturbances have been present for some time, and the patient has frequently, though not always, been brought very low by the disease. We are, therefore, I think, justified in considering the symptoms which occur as the result of obstructive anuria as a true poisoning by retained excretory products, uncomplicated by the presence of products of structural decay. Striking differences are at once apparent in the symptoms of the two conditions. In the uræmia of Bright's disease we have seen that cerebral symptoms are the most prominent, in obstructive suppression we find them almost always absent, convulsions and coma very rarely occurring. The clinical picture of patients dying from obstructive suppression of urine is one of gradually increasing muscular weakness, ending in death from exhaustion. The patients have very little or no pain, no loss of consciousness or of intelligence until just before death. The only characteristic nervous symptom is the presence of muscular twitchings. These may be central in origin, or, I think, they may be regarded as reflex, due to the irritation of the peripheral nerve endings by the retained urinary products circulating in the tissues.

(To be continued.)

GUY'S HOSPITAL DENTAL DEPARTMENT.

The following new regulations will come into force on April 17th, 1893:—

Dressers in the Gas Room.—Both dressers sit with the House-Surgeon, and examine patients alternately until the arrival of the Anæsthetist. After the arrival of the Anæsthetist they take it in turn to examine cases, and to extract. In every case the operation is to be performed by the dresser who has examined the patient.

Practical Work.—The amount of practical work required of each student is as follows—

1st Year.

100 Gold Fillings	3 Dentures
100 Plastic do.	30 Scalings
8 Crowns	20 "Dead" Teeth
6 Regs.	

2nd Year.

150 Gold Fillings	8 Regs.
150 Plastic do.	4 Dentures
12 Crowns	30 "Dead" Teeth

Practical work will not count unless these conditions are observed:—

1. The patient's appointment must be entered in the Appointment Book.
2. The work must be signed up in the Register as well as on the Slips.
3. The written authority of a Dental Officer must be obtained before the commencement of the operation, and a breach of this rule will be regarded with the gravest suspicion.

A filling done in a "dead" tooth satisfactorily treated will count both as a filling and as a "dead" tooth.

In the instance of a reg. which is not completed owing to the absence of a patient, the dresser may submit the models of the case, together with the details of the treatment, to one of the Surgeons, who will use his discretion in signing up the case or not.

An uniform charge of 2/- will be made for any gold filling. The amount of gold supplied will be recorded on the back of the slip, and the surplus must be returned to the officer who signs up the filling.

The charge of 2/- must be paid to the officer who authorises the operation before the commencement of the sitting, and any direct payment from the patient to the dresser is strictly forbidden.

The Assistant Dental House-Surgeons and Demonstrators are enjoined to enforce these regulations, and if their duties are satifactorily performed, no record of their practical work during their term of office will be required.

Birth.

ROBERTS—On April 9th, at Halstead, Essex, the wife of C. Gordon Roberts, M.A., M.B., Cantab, of a daughter.

Marriage.

HEARNDEN—BARNETT—At St. Nicholas's, Sutton, Surrey, William Frank, M.R.C.S., eldest son of William Alexander Hearnden, M.D., to Louisa C. M. Barnett, daughter of John Reeve Barnett.

Deaths.

HITCHMAN—On April 5th, at Fairford, John Hitchman, M.D., in his 78th year.

TODD—On April 16th, at Pepys Road, Hatcham, George Michael Todd, M.D., late of the Old Kent Road, in his 86th year.

Guy's Hospital Gazette,
MAY 13, 1893.

NOTES ON A CLINICAL LECTURE BY DR. SHAW.

GANGRENE OF LUNG.

Last Wednesday many of you heard the demonstration of the post-mortem on a patient who died the day before, in Clinical, from gangrene of the lung.

If you had attended the last 3,629 consecutive post-mortems, you would have observed gangrene of the lung in thirty-six cases; it is, therefore, a rare condition, only one per cent. of the cases as compared with one and a half per cent. of intestinal obstruction, and even that does not indicate the comparative rarity from a clinical point of view, as in a great number of the cases it only appeared at the end. As a clinical symptom, it is, therefore, very rare; it is also extremely fatal—only two or three cases of recovery being on record, and even about these there is some doubt.

Gangrene of the lung has extremely well-marked clinical peculiarities, so that it is not difficult to diagnose it if it is the main disease; but in some cases, when the patient is dying of some other disease, attention may not have been directed to it.

From the report of the case the main features are—

Admitted on Sunday for pain in side and foul expectoration.

Family history.—Brother and two sisters died of consumption of the bowels, and another had fits.

Parents.—On the few occasions in which they visited the wards they were intoxicated.

The boy was pretty well nourished, and was said to have had none of the diseases of childhood.

Had amnesia for the last week, but was otherwise well. Friday, had bad cough, and expectoration had a fœtid odour. Had pain in right side and diarrhœa; motions were frothy. Saturday, was worse. Took a little custard. Coughed up phlegm, followed by blood. All the way from Rotherhithe was spitting up blood.

History.—I did not see him till Monday, when I found him extremely ill with severe fever, flushed cheeks, rapid breathing; but the thing that struck one most was there was an insufferably offensive odour arising from his expectoration; in a spitoon which was brought was a quantity of this sputum, very foul and of a dirty-brown colour.

On examining his chest, we discovered that he had deficient resonance and impaired breath-sounds over a fair area of the right base. He then sat up and began to cough; on listening again at the base, there was a marked change in the physical signs; over the area of deficient sound there were now cavernous breathing, loud râles, bronchophony, and pectoriloquy.

We then thought of gangrene of the lung, and hoped it might be localized.

When a surgeon came he was much too ill to be interfered with. Presently he got better, and a piece of rib was removed, the cavity opened, and a drainage-tube put in. The patient died Tuesday afternoon.

Clinical aspects of the case.

(*a*). Grounds for diagnosis.

These are three:—1. Condition of breath and sputum. 2. Physical signs of lung. 3. General condition of patient. These are in their right order of importance, the chief indication being foul breath and sputum.

We must first exclude the other causes of this condition; for instance, the patient may have extremely foul breath from a number of carious teeth or from a foul abscess at the back of the pharynx. But having made up one's mind that the sputum is the cause of the fœtor, and that it *does* come from the lungs, there are only two things to choose between—bronchiec-

tasis, that is, dilatation of the bronchial tubes, and gangrene of the lung.

I have often seen sputum, said to be foul, but some time after being brought up. Always be sure that it was foul from the first, for any sputum will quickly decompose if left exposed to the air for some time.

It is pretty easy to diagnose between bronchiectasis and gangrene, although you must remember that the two are sometimes associated together.

The books state that there is a subtle difference between the odours in the two cases; but I am glad to say I have not that keen sense of smell that would make me feel it my duty to try and distinguish the "sweetish and fœtid" smell of bronchiectasis. The expectorated matter in this latter is generally perfectly ordinary yellow pus, and, as a rule, nothing else is found in it, except under the microscope certain crystals of fatty acids.

Another point is that in bronchiectasis there is not generally much cause for hæmorrhage, but in gangrene there is. As you notice, it was the blood-spitting that led this otherwise unfeeling mother to bring the boy to the hospital. Destruction goes on rapidly, the blood comes up altered and with the characteristics of gangrene, lung tissue sometimes occurring in it, but perhaps not so often as in phthisis.

Physical signs.—I pointed out how commonly gangrene supervenes on some other complaint; therefore the signs often depend not upon the gangrene so much as upon the disease it is associated with.

Signs of gangrene *per se* are a rapidly developed consolidation and excavation of the lung. Since it is generally in the base there is a marked alteration in the physical signs before and after coughing. In phthisis there are not any marked changes in the signs of the lung from day to day, whereas in gangrene there may be a considerable alteration in a few minutes. This, however, merely points to the fact that there is a basal cavity.

The general symptoms of gangrene are not of much value as methods of diagnosis. It is said that the patient is very ill, but the general symptoms are not on the whole different from those of any other acute inflammatory condition of the lung, such as pneumonia.

Points.—1. Supervention of symptoms of septic absorption. In our patient a marked feature was a rash on the limbs of a mottled typhus sort of type, not very distinct, but such as you could see best from a little distance, and the more you looked the less you could see it. Another symptom was the vomiting and diarrhœa, which in these cases are by some people believed to be due to swallowing some of the foul sputum. After the patient came in, however, the vomiting and diarrhœa disappeared, possibly owing to better feeding, as he took nutriment extremely well from the first, having several pints of milk a day.

Treatment.—Is simple. Support the patient's strength, give antiseptic inhalations, and have him surrounded with air full of antiseptics.

Position.—Our patient always would lie on the left side on account of the pleurisy on the right; but this was somewhat unfortunate, because of the tendency for the products of the diseased lung to gravitate into the air passages of the healthy lung.

Surgical treatment.—I am not aware that any cases have been successful, but that is no reason why no treatment should be adopted, and the hope of success is that the gangrene may be *local*.

Surgical treatment is more called for because of the extremely bad conditions of drainage, rigid chest walls, and a complex system of tubes that have to be cleared out by the pumping action of coughing; also other parts of the lung are likely to be infected. If it be possible to tell that the gangrene is localized, it is better

to give a means of exit other than through the respiratory passages. Often in rapid gangrene the pleuræ are not adherent (in our case they were so slightly). In such a condition, if you make a hole in the lung a septic empyema would be set up.

Also unless the lung is solid, as it was more or less in our case, it sinks away from the chest wall, and makes drainage a very difficult matter.

There is often great difficulty in determining the exact position of the cavity. In this case we found it all right; it was much larger than we had supposed, and we should have got into it almost from anywhere.

Post-mortem:—

The left lung was all right.

On taking out the right one, the whole of the lower lobe was found to be in a baggy condition, not exactly a large cavity *as such*, but rather one full of gangrenous matter.

Other important features were that—

1. In the œsophagus two openings were found from which a probe would pass into the cavity.

2. There was an opening into the right bronchus, and a small ulcer on one of the vocal cords.

These must be remembered in thinking of the causes of the gangrene, but before discussing that I will say a few words about the pathology of gangrene generally.

Gangrene may be classed as—

Diffuse and circumscribed; or,

Single and multiple cavities; or,

Lobar and lobular.

But there is no great advantage in any of these distinctions, which often cannot be observed, although if either of them is of any use it is that of multiple and single.

Perhaps in the future we may be inclined to touch single cavities and shrink from meddling with multiple ones, just as no one would think of touching multiple abscesses in the brain or liver.

Causation.—The most satisfactory way to think of this is to classify according to *seed*, *soil*, and *climate*.

Seed.—In the vast majority of cases it arises from some septic organisms getting into the lung. Some pathologists say the cause is a specific micro-organism, but in all probability not one kind but many may cause gangrene. Moreover, one has to remember that they may be introduced and yet no harm follow; the soil and climate must also be right for them.

The seed then is some foul matter (not necessarily foul at the time), as—

1. A carious tooth after or during gas extraction.

2. More commonly a carcinomatous ulceration of the œsophagus opening into the lung, bronchus, or trachea.

3. The foul products may be directly inhaled from above, as in a case of otitis media that was supposed to be the cause of gangrene of the lung.

4. Epithelioma of tongue occurring in the stump.

In all these cases something is introduced directly into the lung.

Another extremely important cause is the carrying of septic matter by the blood vessels, as for instance, in ulcerative endocarditis on the right side, when emboli, full of organisms, get into the lung substance.

Another point is that gangrene may be produced by feeding the patient into the lungs, as is often done when a patient is comatose.

Soil.—An important condition is *acute pneumonia*, which sometimes ends in gangrene. Probably the pneumonia simply puts the lung into a suitable condition to receive the seed.

Syphilis.—Many years ago, Moxon said that a number of patients with gangrene had syphilitic affection of the lung.

Phthisis.—It is open to doubt whether the phthisis or the general condition of the patient is the cause.

Climate.—There is one disease in which there is a strange liability for the patients to get gangrene, and yet it is not clear that they are more likely to get the seeds of it, nor is the soil obviously more suitable—this is *diabetes*. I had thought that the reason of this was that these patients had coma, and food may have got down the trachea, but this, as reports show, is not always the case.

Alcoholism.—Alcoholic patients who get acute pneumonia are more likely to develope gangrene.

A general state of mal-nutrition and starvation, as in a boy with traumatic stricture of the œsophagus, in whom gastrostomy was performed, and feeding was not sufficiently looked after.

The old writers, in talking about gangrene of the lung, say that in epidemics of influenza it was much more frequently observed than at other times. I do not think we have not observed this in the last few years at Guy's.

Of the 36 cases there were—

1. Man with cancer of œsophagus; food was sucked in; right middle lobe affected.

2. Epithelioma of pharynx; septic matter was inhaled.

3. Epithelioma of œsophagus, which perforated right bronchus.

4. Acute lobar pneumonia on one side, forming the soil, and bronchiectasis on the other, affording the seed.

5. Gangrene of finger; amputation and subsequent cellulitis; infection by thrombus.

6. Woman with recurrent carcinoma and cellulitis.

7. Suppurative parotitis and cellulitis; here pus ran down.

8. Acute lobar pneumonia.

9. Mycosis Fungoides; great growths sloughing out of the back, due to septic embolism.

10. Another case was that of a man tumbling into the Thames at London Bridge, probably due to inhaling sewage-laden water

11. Boy with bronchiectasis.

12. Case of a patient who came in with vomiting and diarrhœa, had also had syphilis; probably vomit got into air passages.

13. Diabetic case, which, however, had not coma.

14. Opium poisoning and artificial respiration and feeding. The report gives us as possible causes—*a*. Food getting into lung. *b*. Cold from exposure. *c*. Injured lung from artificial respiration; *d*. Sores about tongue.

15. Acute lobar pneumonia. We could not clearly make out the cause, so perhaps it was one of the cases of pneumonia causing the gangrene.

16. Man with fractured ribs. It is pretty clear that the ribs injured the lung.

Phthisis is not very commonly associated with gangrene; every now and then it is, but then may be due to a phthisical cavity growing round a piece of healthy lung, which then dies.

Another case was that of a man with fractured skull; it was trephined. Abscess presently came in liver, which extended through diaphragm.

A man, of 23 years, died of gangrene of lung. At post-mortem there was found in the œsophagus what was called an acute perforating ulcer, which led into the mediastinum, and was connected on the one side with the right bronchus, and on the other with a huge gangrenous cavity in the lung.

In our own case we have an opening from the œsophagus into the cavity.

Does the opening cause or is it caused by the gangrene?

In all tubes or hollow viscera an ulcer has distinguishing characters, which show whether it began in the tube or has opened into it from without; in the former case it will be larger in the tube than without, and some amount of destruction of mucous membrane will be found round the perforation. In this case it was not so; and acute perforating ulcer is very rare.

A woman with carcinomatous ulcer of the œsophagus had an opening through the middle of the ulcer and above it two smaller ones. The demonstrator said there was no doubt that the openings had gone *into* the œsophagus, not out from it. In this way the perforation of the boy's œsophagus was most probably produced.

As to the ulcer of the bronchus, there is no history of tooth or other foreign body being swallowed, and it was most probably produced in the same way as the openings in the œsophagus.

Ulcer in larynx.—Ulceration of larynx is a recognised cause of gangrene of the lung, or a recognised result of it, and you have to make up your mind which is the antecedent. If it is to cause gangrene of the lung, there must be extensive necrosis of the cartilages; but in this instance there was merely a simple ulcer, insufficient to explain the introduction of the seed which caused the gangrene.

There is a case of a healthy nurse who had influenza, and then a definite consolidation of the left apex, which broke down into gangrene. So we might suggest some such cause in this boy, that during the previous week he had had influenza, evidenced by the anorexia, and that upon this there had supervened pneumonia, which ended in gangrene.

ABSTRACT OF LECTURE BY DR. STARLING ON THE PHYSIOLOGY OF LYMPH SECRETION.

An outline of the anatomical relation of blood capillaries, lymphatics, and lymph spaces having been given, the lecturer spoke of the

Functions of lymph.—They had been compared to those of water used in the irrigation of land, the arteries representing the supplying streams, the lymphatics the drainage pipes, the tissues being compared to the land irrigated. The tissue element were considered to take up from the lymph those constituents which were necessary for their life and activity, the waste products of which being returned to the lymph again, and thence carried away by the lymphatics. It can, however, be shown that the lymph flow from a part is not an expression of its activity, for example, if a cannula be inserted into one of the lymphatics of a limb, no flow is observed while the latter is at rest—not until movements take place is there any passage of lymph through the cannula, although we cannot doubt that chemical changes are taking place when the limb is at rest. A constant interchange is taking place between the lymph and the blood. If, for example, a solution of sugar be injected into the latter, it is soon found in the former.

Again, urea must pass from the lymph to the blood, oxygen from the blood to the lymph, and CO_2 from lymph to blood. A striking experiment recently personally performed on a dog was described, in which methylene blue was injected into the pleural cavity (a large lymph space), at the same time a cannula being inserted into the thoracic duct and another into the ureter, so that the lymph and urine could be collected and examined. In about fifteen minutes, the urine was seen to be of a blue colour, although, until the end of the experiment, lasting some hours, the lymph was quite uncoloured. Upon a post-mortem examination the fluid in the pleural cavity was found to be no more and no less than the amount of methylene blue solution injected, differing, however, in that it was almost colourless, and contained coagulable proteids—being, in fact, similar to an ordinary traumatic fluid.

Explanation.—An interchange had taken place between the blood and the fluid in the pleural cavity, with the result that all the methylene blue was taken up by the blood and excreted into the urine, the blood giving up the proteids which replaced it. It thus seems that the stomata cannot have the simple functions usually ascribed to them.

Lymph production.—Lymph may be considered as plasma poor in proteids.

Mechanical exudation theory.—The blood vessels were supposed to be provided with pores of different sizes in different parts; thus, in one organ saliva exuded, at another lymph, and so on. Johannes Muller seems to be the earliest to recognise anything like a selective activity as a factor in secretory processes, but this idea was soon swamped by the mechanical theories which were advanced; at this time Du Bois had published his discoveries of electrical phenomena in muscle, etc., and Chennes' physical explanations were the order of the day.

Ludvig considered lymph productions to be dependent on two main factors:

a. Pressure.

b. Chemical constitution of the blood.

If the blood were at a higher pressure or contained greater proportion of any substances than the fluid bathing the tissues, filtration or osmosis took place.

He passed defibrinated blood through the vessels of a limb, and found that as he increased the pressure so he increased the lymph production.

Normally, the only tissues yielding a constant flow of lymph are the glandular.

Toma experimented on the testis, which yields a small but constant flow of lymph, which was increased by ligature of the veins of the organ.

Paschutin followed with experiments on the fore limb,

which was kept moving so as to provide a constant flow; he found that cutting the brachial plexus, which caused dilation of the arteries, had no effect further subsequent to the section; stimulation of the cord (which raised the B.P. without constricting the vessels of the limb, thus causing a large blood-flow through the latter) caused no increased lymph production.

Emminghaus experimented on the leg, and in the main confirmed the results of Paschutin; he found, however, that section of the sciatic increased the flow, as did, to a much more marked degree, ligature of the veins; in the latter case the lymph had undergone definite chemical changes.

Rogowiez, working in Heidenhain's laboratory, confirmed Emminghaus as regards the result of cutting the sciatic, and ligaturing the veins. He also noticed that after giving curare there was an increased flow, and he made the very significant suggestion, doubtless inspired by Heidenhain, that curare might have a specific influence on the cells.

In venous congestion the lymph is altered—*i.e.*, contains

a. More water,

b. Blood corpuscles,

both of which characters together, obviously, cannot be explained on physical grounds. Animal membranes seem to differ very markedly in the living and dead state; thus, the lung of the frog in living state may be stretched over the end of a tube filled with salt solution, and a pressure of 30cm. will not cause the passage through the membrane of a drop, whereas, in the dead state, it allows the passage with a pressure of but 1cm.

Heidenhain has conducted recently a large number of experiments on the subject, which were aimed at ascertaining:

a. The relation between arterial pressure and lymph formation.

b. The effect of venous obstruction.

c. The effect of lymphagogues (substances which injected cause increased lymph production).

1. Relation between arterial pressure and lymph production.

A cannula being inserted into the thoracic duct, the thoracic aorta was blocked. The effect is shown below, the lymph being collected from periods of ten minutes each, the percentage of solids and blood pressure recorded in the femoral artery.

	Time.	Lymph.	Solids.	B.P.
(*a*) Normal...	9·31—9·41	3cc.	4·75	140mm.
(*b*) Aorta blocked at 9·54	9·54—10·4	2·6cc.	4·75	8mm.
	10·4—10·14	3cc.	5·78	8mm.
	10·14—10·24	2cc.	6	8mm.

After aortic obstruction the lymph was whitish, differing in character to that previously collected, shewing that it was a new formation.

To sum up the results of the experiment, obstruction of the aorta caused

a. Little alteration in the quantity of lymph produced.

b. Increase of the solids in the lymph.

2. *Obstruction of veins.*—Obstruction in portal vein caused

Increased amount produced.

Diminution of solids.

Experiment—

	Time.	Amount.	Solids.
(*a*) Normal...	10·24—10·34	2cc.	6·5
(*b*) Portal vein ligatured at 10·34	10·44—10·54	8·9	—
	10·54—11·4	9·5	—
	11·5 —11·14	10	4

Obstruction of inferior vena cava above the liver, caused

a. Immensely increased flow of lymph.

b. Great fall of the blood pressure.

c. Increase of solids in lymph.

Thus—Before, 3cc. in ten minutes, 5·2 per cent solids.
After, 100cc. ,, ,, 7·4 ,, ,,

We are unable, with our present knowledge, to give a satisfactory explanation of all these results.

What is clearly brought out is

a. That lymph flow does not depend on arterial pressure.

b. Venous obstruction is remarkably effective in increasing the flow; and it also alters the character of the lymph.

3. *The effect of lymphagogues.*—The injection of many substances causes an increase in the flow of lymph. Such are

Extract of muscles of crayfish,

Leech extract,

Peptone, and others.

Injection of such substances cause

a. Immense increase in the flow of lymph,

b. Increased percentage of solids,

c. Lymph at first whitish, then transparent.

The question arose as to where the lymph came from, with which end in view estimation of the solids in both the lymph and blood was made before and after the injection of peptone. Thus—

	Solids in Lymph.	Solids in Blood.
Before injection ...	5·37%	19·7%
After ,, ...	7.38%	22·55%

Estimation of the hæmoglobin before and after, revealed the fact that the percentage was greater after than before injection, shewing that plasma had passed from blood to lymph.

Analysis of the serum shewed:

Before, 8 per cent. solids.
After, 7·5 ,, ,,

i.e. a fluid more concentrated than plasma must have left the blood vessels—a great argument for vital secretion in opposition to physical forces, as explanation of the process. The peptone appears, almost at once, in the lymph after injection into a vein, and experiments conducted by the lecturer shewed that at a certain time after injection *the percentage of peptone in the lymph exceeded that in the blood.* This is impossible of explanation, except we assume a vital secretory function of the endothelial cells.

Heidenhain divides the lymphagogues into two classes. The first we have been considering—it is that to which belong substances which cause increased lymph production by drawing on the blood. The second class includes many substances, such as salt, sugar and many crystalloid substances habitually used in medicine as diuretics. The increased amount of lymph produced, seems to come from the tissues.

Injection of sugar followed by—

a. Great increase of lymph-flow.

b. The lymph is more watery.

Both the blood and the lymph are more watery, hence by a process of exclusion, the conclusion is drawn that the excess of water must have come *from the tissues.*

Lymph containing sugar surrounds the tissue cell, the latter, therefore, by a process of osmosis gives up water to the former. The passage of the sugar from the blood to the lymph, however, must be accomplished, as in the case of peptone, by the secretory activity of the cell; for, as with peptone, so with sugar, some time after injection the percentage of sugar in the lymph is greater than that in the blood. With regard to the lymph production as it normally occurs, we may exclude venous obstruction as a cause—venous obstruction is not a normal process—filtration also probably plays no part. Heidenhain says it depends on

a. Composition of tissues.

b. Composition of blood.

With varying compositions of these, fluid passes from the one to the other, the passage predominating now one way and then the other. The question arises: Do the products of activity of the tissues cause increased exudation of necessary substances, *i.e.*, act as local lymphagogues? The evidence is very little.

Experiments conducted by the lecturer shewed that peptone injection subsequent to ligature of the renal vessels is not followed by the previously described remarkable relation between the percentage of peptone in the blood and lymph. This points to a special activity of the endothelial cells of lymphatics and capillaries in the kidney - it would seem that there resided the power of secretion of peptone from the blood to the lymph. This might perhaps be one of the many items of experimental evidence which would be necessary before the above view could be accepted.

Influence of the nervous system.—But few positive results have been arrived at by experiment.

Ostronsnoff stimulated the lingual nerve of one side and obtained œdema on the same side of the tongue.

This experiment had been repeated by the lecturer on five dogs, with negative results, so was inclined to doubt the general applicability of Ostronsnoff's results.

Ranvier cut the sciatic of one side, and tied the inferior vena cava; on the side on which the nerve had been cut the leg became œdematous, not on the other.

Gianuzzi endeavoured to separate the salivary gland cells from the endothelium of the capillaries and lymphatics as factors in the increased production of saliva which follows stimulation of the chorda tympani.

He injected a solution of hydrochloric acid into the duct of the gland, with the idea of killing the secreting cells; upon stimulation of the chorda the gland became œdematous. His conclusion was that the chorda had a direct influence on the capillary endothelium, causing increased lymph production.

Heidenhain, however, subsequently proved that the injection of the acid had destroyed the endothelium as well as the gland cells; he concludes that stimulation of the chorda causes the gland cells to exert an attractive influence on the blood.

On the whole, therefore, the process of lymph secretion seems to resemble secretion by the kidney as far as nervous influence is concerned, differing from it, however, in its relation to arterial pressure. The composition of the blood seems to determine the secretion of both lymph and urine.

The lecture was concluded with a brief indication of the bearing of the physiology of lymph secretion on the causes of dropsy. C. J. H.

CASE OF CHLOROSIS, WITH COMMENTARY.

Being one of the Gurney-Hoare Prize Essays for 1892, abridged. By C. C. ELLIOTT.

(Concluded.)

The Pulse.—There seems to be some discrepancy in accounts of the condition of the pulse in chlorosis and anæmia generally. In Fagge and Pye-Smith (II. p. 615) we have—"The pulse in anæmia is small, soft and feeble in proportion to the severity of the case; or it may be imperceptible at the wrist. But when the cause is a sudden loss of blood, the pulse is often sharp and jerky." This appears under the general heading of Anæmia, and nothing more is said under the special heading of Chlorosis. Dr. F. Taylor says, "The pulse is commonly rather quicker than normal; soft, but rather full." The "small" of the one account and the "rather full" of the other are the only essential differences here; but a still wider discrepancy exists when we come to such statements as have been made, that there is high tension in cases of chlorosis. Zimmermann says, "The pulse is usually small and compressible, often rather quick . . . less commonly the pulse is harder and more full." (Zimmermann's Encyclop.)

Dr. Broadbent (Lancet I., 1887), in enumerating the causes of high tension, gives anæmia as the cause, and remarks: "It is not easy to understand how anæmia can give rise to high tension to the pulse. One would have expected the watery blood to pass readily through the capillaries, and the vis a tergo applied by the heart to be deficient; but it is a matter of daily observation that the artery is full between the beats, and that the pulse, if more abrupt than in renal disease, is long. (He suggests the possibility of peripheral resistance being excited by toxic products in the blood in anæmic states.) He goes on to say that "there are rare and exceptional cases of anæmia with extremely low tension," but observes that

he has been able to find no other difference than the tension of the pulse in such cases.

In order to throw more light on this subject we have not trusted to our own sense of touch, but have made pulse tracings of cases met with amongst the out-patients. That they should be of any value we deem it essential that some short account of the individual patient should be given in each case.

We certainly found the "smallness" of the pulse give rise to considerable difficulty in taking correct tracings. Dudgeon's sphygmograph was employed.

[In the original paper at this point, tracings of the pulses of 12 anæmic girls were given. Their omission here is unavoidable, and the descriptions will appear rather lame without them; but we give the wording for what it is worth. For the sake of comparison, normal pulse tracings and those in typhoid patients, &c., were given and described; but all reference to these is omitted from the text.]

1. A. A., 16. Dyspnœa, palpitation, amenorrhœa, bruit de diable. P. 92. Probably patient was excited. Impulse is very sharp, and fall rapid; dicrotism well marked. Tracing may safely be called one of low tension.

2. A. M., 16. Dyspnœa, palpitation, pains in left side. amenorrhœa, constipation, bruit de diable. P. 100. Well-grown and developed. Unsatisfactory tracing. Still may be interpreted as low tension.

3. E. M., 17. Dyspnœa, palpitation, amenorrhœa (never begun). P. 68. Small-made and undeveloped. Dicrotism fairly marked. No long fall. Not high tension.

4. F. T., 26. Dyspnœa, palpitations, headache, ear-buzzing, scanty menses, leucorrhœa, bruit de diable. P. 72. Well-made and developed. Has had two children. This illness is recurrent. Certainly not low tension. Fall seems to be gradual, and after the first interruption somewhat sustained.

5. S. W., 26. Headache, dyspnœa, pain left side, constipation, scanty menses, bruit de diable and pulmonary bruit. P. 88. Ill developed, yellow tint. Illness recurrent. Presents somewhat similar features, but tidal and dicrotic waves better marked.

6. A. G., 21. Pain left shoulder, headache, vomiting, constipation, sleepiness, slight bruit de diable, pulmonary and apical systolic bruits. P. 92. Well-developed, pale, with flush. The rounding of the percussion wave probably accidental. After first fall, pulse more sustained than normal, but only slightly.

7. M. D., 26. Headache, vertigo, palpitation, dyspnœa, constipation, irregular menses, vomiting. P. 80. Slightly-made, but well-developed. Not yellow. Generally, like 5, but somewhat greater amplitude.

8. C. B., 18. Pain left side, palpitation, dyspnœa, constipation; no menses yet; bruit de diable. P. 80. Well-developed; pale, not yellow. Much like 6, except that percussion wave is not rounded.

9. A. C., 22. Palpitation, dyspnœa, ear-buzzing, headache, not constipation, scanty menses; no bruits. P. 109. Well-developed; pale, not yellow. Dicrotism fairly marked.

10. E. E., 18. Palpitation, dyspnœa, headache, constipation, vertigo, amenorrhœa, œdema of ankles at night, pain in legs, bruit de diable; no pulmonary bruit. Well-developed; pale; tracing like 8.

11. Z., 20. Headache, dyspnœa, constipation, amenorrhœa; well-developed; pale. Secondary rise not so well marked. Most like A (*i.e.*, a normal but slow pulse).

12. F. W., 23. Pain in chest, dyspnœa, palpitation, constipation, scanty menses, headache, bruit de diable. P. 80. Pale, with yellowish tint. Tracing somewhat deeper dicrotic; more approaching low tension.

Finally, then, we may conclude that there is some evidence of low tension in 1, 2, 3, 9, and 12 (?) that the rest do not show low tension; that some of them approach the normal pulse very closely; and that some may be interpreted as supporting Dr. Broadbent's description, in that they appear somewhat sustained after the first fall; but that none show the typical high tension that is observed in cases of nephritis. Perhaps the nearest approach to this is in 5. None of the pulse tracings were of great amplitude, nor did they present any resemblance to aortic regurgitation pulse tracings.

We now come to the consideration of a few symptoms that have escaped notice under previous headings.

"She has become nervous and hysterical since coming to London." "She has had two hysterical fits."

These nervous symptoms are not uncommon. By some they are referred to the disordered ovarian function. Others merely associate them with disordered nutrition, occurring in the female sex.

The headache, giddiness, muscæ volitantes, humming in the ears, are probably directly due to the starvation of the brain and nerves. Not having proper nutriment, their functions become disordered.

Swelling of the Ankles.—Œdema of the legs is very common. We noticed the reports often began as ours does, that the patient sought admission for these symptoms. What is the cause of the œdema? To say that it is due to the condition of the blood gives us no light. Is it the so-called "fluidity" of the blood? or what chemical or physical properties of the blood? If due to some condition of blood, does this directly cause œdema, or indirectly by affecting the nutrition of the vessels, and so allowing transudation? or are the tissues themselves so affected by the malnutrition as to allow collection of serum? On the other hand, the œdema occurs in dependent parts; it might readily therefore be suggested that it is due to the feeble circulation, and physical difficulty in the return of blood.

In discussing this question, Dr. Foxwell (Ingleby lecture, May 1892,) reminds us of the difficulty of supposing that the *dilution* of the blood can cause œdema. Rehder, by experiments on healthy persons, showed that whatever quantity of fluid they absorbed, they excreted a definite percentage of it (76·47%), and no œdema resulted when they were imbibing very large quantities: and Cohnhein and Lichtheim diluted the blood of animals to such a degree that the dry residue of the blood was even as low as 4 % (instead of 20—24 %),

and yet no œdema followed. Foxwell also quotes a case of his own in which he injected two pints of water into the rectum of a patient suffering from parenchymatous nephritis with much œdema, and the œdema disappeared, in *consequence*, on his own showing: in which case the dilution of the blood would cause the œdema to disappear.

Now Immerman states that the volume of blood depends mainly upon the amount of albumen in the plasma, as albumen has the power of absorbing water and incorporating it; and Becquerel and Rodier even define the amount beyond which the albumen must not fall lest œdema result.

But when albumen is present in normal amount, œdema may occur, so that there is some difficulty in accepting the suggestion that the two stand in obvious causal connection; though Dr. Foxwell throws out merely as a suggestion that possibly the cause of œdema in acute nephritis, and in some cases of severe diarrhœa, may be due to the drain of albumen from the blood.

As to the suggestion that the capillary endothelium undergoes some change, Dr. Foxwell points out that no change has been demonstrated microscopically; but if the œdema of inflammation be quoted in favour of this view, it may be objected that the effusion in inflammation has a far larger quantity of albumen and large number of leucocytes than that in anæmia. Therefore it may be argued that the capillary wall must play a small part in the mechanism. But it cannot be denied that even in health the capillary wall plays a part in modifying the nature of the transudation. Thus, if a dead membrane be taken for experiment, the amount of serum-albumen that exudes is different to the amount of serum globulin, whereas the proportion of these two substances outside the capillary walls is the same as in the blood.

Again, the proportion of salts is said to be the same in all non-inflammatory exudations, however else they may differ; but it is in the proportion of albumen and similar bodies that they differ, indicating that, when it is a mere question of passage through a membrane of simple bodies, all are served alike; but when a living element is introduced variations arise. Dr. Foxwell also thinks that the fact that in hydrothorax the amount of proteid is 2·8 per cent.; in ascites, 1·6; in œdema, ·35, points to the conclusion that osmosis through *two* membranes (the capillary wall and the pleura or peritoneum) makes the difference between the first two cases and the œdema, while the fact that the first two proportions themselves differ, he ascribes to the difference that must exist in the character of the pleural and peritoneal epithelium.

In conclusion, however, he considers that deficient cardiac action is the chief factor, but that in severe cases the deficiency of albumen in the blood and deterioration of the capillary walls assist, though the last factor is to a large extent a matter of conjecture.

The *pain in the legs* seems to be increased by pressure. The knee jerks are present, so it can hardly be due to a mild neuritis, that disease which seems constantly to have fresh causes (at least *individual* causes,) discovered for its presence. Possibly it is associated with neuralgia, which is often present in weak states. Our case suffered from facial neuralgia later on.

There are, however, some curious cases of what may best be considered, perhaps, as peripheral neuritis following the late influenza epidemic. For example, a man, aged 18, after influenza developed all the symptoms of peripheral neuritis except that he had good knee-jerks. And is it inconceivable that in early or slight cases the function of the nerve, which forms part of the reflex arc necessary for the production of these jerks, may not be completely abolished? indeed, we see no *a priori* reason why it should not even be exaggerated at first.

In connection with this question of pain, we may refer to what Dr. F. Roberts (especially) calls attention to, viz., the frequency with which chlorotic girls come complaining of pain in the left side. This may be due to the disordered state of the heart, possibly to the spleen, as Dr. Roberts suggests. In the cases whose pulse tracings we took at out-patients, it was *the* complaint for which No. 2 came up; it was the first thing complained of also by No. 5 and 8 and 12.

Optic Neuritis.—Though we have in discussing the diagnosis of such cases referred to the occurrence of retinal hæmorrhages, we have not referred yet to the question of optic neuritis except incidentally.

In our case it was not made out, nor in any case in our statistics have we found it unequivocally described. In one case the appearance of the dix was described as leading to the idea that there might be some early neuritis, but this was not definite.

However, Dr. Gowers has described, and figures in his work on Medical Opthalmoscopy, two very well marked cases, one of them associated with a large number of hæmorrhages. Dr. S. Mackenzie has also recorded a case.

Treatment.—The improvement of these cases under iron is truly remarkable. Of course the bland preparations are generally given at first, though the perchloride is often borne very well. It was substituted for the saccharated carbonate towards the end in our case.

It appears that large amounts of iron act best. Now it is impossible that all the iron given can be absorbed to form fresh hæmoglobin. The metal may in some way stimulate the blood-producing functions.

Rest is a very important factor in the cure of these cases—all the more important if there is even the possibility of permanent heart mischief resulting.

Schulz (*Berlin. Klin. Wochenschr.*, No. 13, 1892) advocates sulphur in some cases of chlorosis. It may be given either when iron is found inefficient, or when it causes vomiting, but, on the other hand, must be avoided when with the chlorosis there are signs of gastric catarrh. When it has been given for a time, it will be found that iron may be combined with it, even if before the iron has disagreed. Schulz says he has had good results.

HCl. does not appear to have any good effect (see Dr. Hale-White in Guy's Reports, 1891).

A table showing summary of results quoted in preceding Paper, from 100 cases of chlorosis;—

	Absent.	Present.	No Reference.
Constipation	19	81	—
Scanty Menstruation...	5	95	—
Murmur heard at apex	12	57	21
In pulmonary region...	1	86	6
Bruit de diable	8	50	42

Retinal Hæmorrhages.—As bearing on this subject we have consulted in the bound reports all the cases since 1884 indexed as retinal hæmorrhage, reading the account of the hæmorrhages in each case. By far the largest number of cases occur in nephritis cases, associated generally with albuminuric retinitis. But the largely increased number of such cases reported in later years probably merely means that the eyes were more systematically examined; so that we by no means imply that our list represents the exact number of cases. Thus we find in 32 cases (see table):

Nephritis in No. 3, 4, 5, 6, ?7, 8, ?9, 10, 17, 18, 19, 21, 22, 23, 24, 25 16

11 { Pernicious anæmia in No. 1, ?2, 11, 32 ... 4
Severe anæmia in No. 12 (ulcerative endocarditis), 13, 14, 26, 31, 16 (heart disease) 6
Leucocythæmia in No. 27, ??31 ... (2) 1

No. 15 (cause unknown), 20 (?, albuminuria of uncertain cause), 29 (unknown cause), 28 and 30 (cerebral tumour) 5

No. 9, nephritis, also had pupura.

The table at least abundantly proves that pernicious anæmia and nephritis are not the sole cause of retinal hæmorrhages. We see that severe blood-states, apparently of many kinds, lead to these extravasations of blood. Thus we have examples in anæmia from loss of blood, from deficient nutrition, from heart disease.*

Another question arises: What are the retinal hæmorrhages in kidney disease due to? It may well be pointed out that owing to the bad state of the arteries and to the hypertrophied heart, hæmorrhages occur in many parts of the body, and this is very probably the reason in chronic nephritis; but in two cases (8 and 19) we have acute nephritis,† and it might perhaps be a question whether the cause here may not be the coincident anæmia, and not the state of the vessels whether as to high tension or disease. It would be difficult, perhaps, entirely to banish this as a possible cause even in chronic cases, though here the degenerative changes are rendered pretty certain by the retinitis which usually accompanies the hæmorrhages.

With regard to the hæmorrhage in the two cases of cerebral tumour, probably the inflammatory processes may have been sufficiently severe to lead to hæmorrhage. Nettleship says, in optic neuritis "there may be blood patches." (p. 224.)

*In these cases the hæmorrhage may be put down to the venous congestion and be associated with hæmorrhages from other parts found in heart disease. We doubt this explanation in case 12 (ulcerative endocarditis). It may possibly hold in 16. But in ulcerative endocarditis there is a tendency to petechiæ in skin, &c., also.

† And even in children with nephritis we may find retinitis and hæmorrhages, though only in occasional cases. As to chronic nephritis, Nettleship says "The retinal œdema and exudation are probably caused by the blood state, but the disease of the small blood vessels and the cardiac hypertrophy no doubt add to and complicate the changes," p. 408. Brailey has found arteritis in the small retinal vessels.

Some cases in which retinal hæmorrhages were found:—

1. F., 55. With choroiditis and optic atrophy; pernicious anæmia. Death.
2. M., 40. T. up to 101°; urine pale; red discs 32 per cent.; hæmoglobin 36 per cent; ? pernicious anæmia. Great improvement on arsenic.
3. F., 46. Albuminuric retinitis; chronic interstitial nephritis.
4. F., 24. Acute nephritis; optic neuritis and atrophy; partial paraplegia.
5. M., 65. Albuminuric retinitis; chronic interstitial nephritis.
6. M., 68. Chronic interstitial nephritis.
7. F., 50. Retinitis; chronic nephritis?
8. M., 27. Acute nephritis.
9. M., 38. Acute on chronic nephritis; purpura.
10. M., 42. Retinitis; chronic nephritis. Death.
11. F., 41. Pernicious anæmia. Temporary improvement, followed by death.
12. M., 34. Ulcerative endocarditis; severe anæmia; epistaxis. Death.
13. F., 28. Epistaxis; hæmorrhagia, Death.
14. M., 47. Severe anæmia; muscular weakness; bronchitis. Much improved under arsenic.
15. F., 72. A trace of albumen, absent on discharge; urine ʒ 40; specific gravity (average) 1018 retinal hæmorrhages thought to have no connection with; the albumen; patient did not feel or look ill.*
16. F., 21. Aortic and mitral regurgitation; mitral and tricuspid stenosis; slight retinal hæmorrhages; anæmia, probably from the heart disease. Death.
17. M., 40. Chronic granular kidneys.
18. M., 46. nephritis.
19. M., 35. Acute Bright.
20. M., 25. Phthisis; albuminuria; lardaceous (?); acute nephritis. Death (no post-mortem).
21. M., 38. Chronic Bright.
22. M., 40. Acute or chronic Bright with albuminuric retinitis.
23. M., 41. Granular kidneys; optic neuritis; albuminuric retinitis.
24. M., 29. Chronic Bright; albuminuric retinitis.
25. M., 38. Chronic Bright.
26. F., 9. Severe anæmia; dilated heart; temperature 101·4; urine light coloured; one small hæmorrhage. Recovery.
27. F., 26. Leucocythæmia; one small hæmorrhage.
28. M., 6. Cerebral tumour; optic atrophy following optic neuritis.
29. M., 27. Not anæmic; hypertrophy of spleen and liver. (Diagnosis not further given). Death.
30. M., 34. Cerebral tumour; optic neuritis; a small hæmorrhage in the right eye.
31. M., 23. Profound anæmia after epistaxis; hæmorrhage into the medulla of bones; pulmonary apoplexies becoming gangrenous; temperature up to 104°; splenic leucohæmia? ? Death.
32. M., 52. Idiopathic anæmia; hæmorrhage into retina.

* Perhaps a case of retinitis apoplectica. (See Nettleship, p. 213).

Corrigenda in last issue.—P. 141, col. 2, line 13, *for* case *read* cases; line 21, *read* in proof of the connection; line 40, *for* one *read* our. P. 142, line 18, *for* pressure of pathological involution *read* presence of pathological urobilin; col. 2, line 1, *for* carried *read* caused. P. 144, col. 1, line 18, *for* ventral *read* mitral. *Reverse the order of the last two foot-notes.*

Passim.

Among the many things which made for enjoyment at Honor Oak Park last week was the sudden realization of how much the possession of those excellent nine freehold acres must mean to Guy's. The importance of it all had not perhaps come home to some of us previously. But in such splendid weather when the outlook across the ground from the pavilion seemed like the untouched country, and in the presence of a highly appreciative company, one got to realize that the Clubs' Union authorities had indeed done an excellent thing in securing such an inheritance for Guy's men.

We have remarked elsewhere that the Honor Oak gathering suffered a little from too much 'repose,' but this was certainly not the case with the dinner in the evening, which went off with the greatest éclat. A prominent member of the Staff remarked on leaving the College after dinner, "What would strangers from other hospitals have said to *that*?" We are not always sufficiently thankful for the real enthusiasm with which things are done at Guy's, nor do we always realize how much we excel all other hospitals in this respect. Such occasions as that of last week are useful reminders.

Meanwhile, to deal with a small exception, we may perhaps be allowed to express our wonder at the state of mind of those who still remain outside the Clubs' Union.

The Residents' dance is to take place next Wednesday, the arrangements having been well cared for by Mr. Fisher and his colleagues. We have to apologise for this tardy announcement; tickets are still to be had.

We have been asked to remind summer subscribers to the Clubs' Union and Students' Club that their subscriptions became due on May 1st, and that they are requested to pay the same at their earliest convenience in the Medical School office.

The late Mr. G. T. Bettany completed before his death "A Short History of the Reformation," which Messrs. Ward, Lock, Bowden & Co. contemplate issuing shortly—first in serial form, and afterwards in volume. We hear that the "History of Guy's Hospital," which Mr. Bettany was writing in collaboration with Dr. Wilks, F.R.S., at the time of death, and which Dr. Wilks completed, with the assistance of Mr. Targett, has been exceedingly well received, the edition being sold out all but a few copies.

The two flags which are to adorn the Honor Oak ground, and the hoisting of which by Mrs. Durham marked its formal opening, were the gift of Mr. George Lewin.

We observed that the name of Mr. Busteed was omitted from the list of the "Past" team on the programme last week. This was a most unfortunate oversight, for the credit of organizing the match was entirely due to Mr. Busteed, and we can speak from personal knowledge of the immense trouble he took in the matter. Whoever was responsible for the production of the programme certainly owes him an apology.

We regret that several contributions (notably, interesting summaries of the Rugby and Association Football Season) have to remain over until our next issue.

The Volunteer Ambulance Corps did most excellent service in the crowd on Wednesday last, and the Guy's contingent were in the thick of the work. The men only want an opportunity to show that they possess more than artistic merit.

THE OPENING OF THE CLUBS' UNION GROUND.

Praise of the Ground, its situation and appearance, were to be heard on all sides last Wednesday week. "Twenty minutes ago I was still writing a report in the ward," said a hot but happy ward-clerk, "and here I am any number of miles from town." This was the key-note of all we heard—the judgment and good fortune of the authorities in obtaining so splendid a site, so conveniently situated. Our kindly hosts, the President and Treasurer, with Mrs. Durham, and Mrs. Brailey, must have been well satisfied with the goodly company which assembled to share their hospitality and celebrate the occasion. The visitors were perhaps not so numerous as they might have been, had the weather shown earlier promise of the excellent treatment it finally afforded us; but, in round numbers, a thousand were present, and the assemblage was certainly a very representative one. The Staff was present almost to a man, and many well-known old Guy's men mingled with the present students, while all had evidently felt that it was not good for Man to come alone.

We wish we could have had a special commissioner present to describe the costumes of the ladies who graced the occasion, we ourselves being so unequal to the task. We can only speak with gratitude of the fact that, disregarding the threatening clouds of the morning, the ladies came in large numbers, brightening the proceedings and crowning the success of our opening day.

If there was a fault to be found with the occasion, it was in a certain lack of movement which obtained—a want of incident, so to speak. But this was at once relieved when Mrs. Durham raised the Clubs' Union Flag amidst the cheers of all present; an inspiring ceremony which was completed by a stirring little speech from the President. "Nothing," said Mr. Durham, "that the authorities of the Hospital have ever done, will make more for the welfare of the students than the acquisition of this ground"—a sentiment we all cheered to the echo.

An account of the cricket and tennis will be found below. The sport was closely followed by all present, the ladies not excepted. It was a pity, of course, that the cricket was rather one-sided, but the Past men did some very good things, and it was annoying to hear the bell just when the not-outs seemed likely to make a good stand. The band of the Scots' Guards, under the direction of Mr. Holland, carried out a most excellent programme, and needless to say added much to the enjoyment of the afternoon.

THE CRICKET.—PAST v. PRESENT.

J. W. Scott, the captain of the Past, won the toss, and elected to send the Present in. Francis and Nicholls were the first pair of batsmen, the attack being shared by Bettington and Cruikshank. At the start runs came very slowly, Cruikshank sending down three successive maidens; after a time things began to liven up, and this pair were not separated before the score had reached 55, Nicholls scoring 19 in good style. Trouncer came in first wicket down, he began scoring slowly making nine singles in succession; lunch-time arrived, one wicket only down. Play was resumed at 2.30 in the presence of a greatly increased attendance; Trouncer in the first over hit Reid for 4, 3, and 1; Francis in the next over sent Bettington for 4 and 3, but the next ball bowled Trouncer; he played good cricket and well deserved his 30. Two wickets down for 137. Hancock and Francis now became partners, runs came freely, both playing in good form. George Mitchell relieved Reid, when four maidens followed, two each to Mitchell and Bettington. Busteed, whose hands had become considerably bruised at the wicket, handed over the gloves to Scott. Layman went on for Mitchell; Hancock sent him for 4, 1, and 2 in his first two overs. W. Mitchell succeeded J. H. Bettington, and in his second over disposed of Francis, leg-before-wicket, by a ball which should have gone to the boundary, his innings of 92 consisting of nine 4's, seven 3's, seven 2's, 21 singles. Ham came in but was beaten by Bettington after making 12. Shorland and Hancock becoming partners they soon began to make the fielders busy, but, unfortunately for Shorland, after making 12, Hancock had his stumps upset by Bettington, the latter batsman making 65 in splendid style and without a fault. Francis now declared the present innings closed—5 for 239. At 4.30, with two hours for play, Reid and Bettington commenced batting for the Past, opposing the bowling of Hancock and Nicholls. The start was a disastrous one; the first ball Hancock delivered clean bowled Reid. J. W. Scott joined Bettington, Nicholls bowling from the Brockley end was hit by the latter batsman for 1 and 2, then caught by Ham off the same bowler; two wickets down for 5 runs. Disaster did not end here, E. J. D. Mitchell following Bettington, and was bowled by Nicholls without scoring. Three for 7. W. G. Mitchell and Scott coming together made the game more interesting, both bowlers being sent to the boundary several times; Mitchell, after quickly making 14, was well caught by Francis, off Hancock; Bolus partnered Scott, and after putting together 8 runs, was bowled by Trouncer in his first over; Cruikshank joined Scott, and sent Hancock for two 4's in one over; Trouncer, after having been hit by Scott for two 4's and 3 in one over, was relieved by Ham, and his second over saw the disappearance of Cruikshank, Hancock catching him; Layman came in but was soon disposed of by Ham, without any alteration in the score. Wacher and Scott had not been partners long before Scott drove one towards the tennis courts into the deep field; here he was beautifully caught by Trouncer. Scott played a splendid innings for 80, and deserved every run; also the great reception he received on reaching the Pavilion. A. D. Fripp filled the vacancy, and after making 2, six singles, and a 3, was bowled by Ham; his partner shared the same fate, also making the same score. One more wicket to fall, but very little for play: Mitchell and Busteed made 1 and 5 respectively, managing to keep up their wickets till the

bell rang, announcing time; a few more minutes might have made the result different. Every Guy's man, Past or Present, who was at Honor yesterday, will remember this game. The batting of the two on one side (Francis and Hancock), and Scott on the other, is ever to be remembered; the latter batted brilliantly, and deserves great praise, considering he cannot get the practice he used to. Francis' 92 was marred by one fault—he gave a catch when he had made 32. Hancock batted without a mistake; he also bowled well, taking three wickets. Ham was successful with the ball, taking four wickets. Hancock's first seven overs were maidens.

PRESENT.

C. J. Frances, lbw W. G. Mitchell		92
F. J. Nicholls, b E. Reid		19
C. A. Trouncer, b J. H. Bettington		30
B. B. Ham, b. J. H. Bettington		12
E. T. Shorland, not out		13
W. I. Hancock, b J. H. Bettington		55
R. B. Stamford, did not bat		0
H. C. Bryant	do.	0
N. Pike	do.	0
M. P. Jones	do.	0
T. L. Jackson	do.	0
R. Fitzhugh	do.	0
Byes		8
Total		239

PAST.

J. H. Bettington, c Ham, b Nicholls	3
E. Reid, b Hancock	0
W. J. Scott, c Trouncer, b Hancock	80
E. J. Mitchell, b Nicholls	0
W. G. Mitchell, c. Francis, b Hancock	14
H. B. Bolus, b Trouncer	8
J. D. Cruikshank, c Hancock, b Ham	11
S. G. Layman, b Ham	0
S. Wacher, b Ham	11
A. D. Fripp, b Ham	11
J. A. Busteed, not out	5
G. W. Mitchell, not out	1
Byes	9
Total	153

TENNIS.

The following were the teams:—

PAST.—W. H. Fisher, A. G. Buchanan; W. E. Sturges-Jones, C. R. Colley; J. E. Coulson, W. H. Peake.

PRESENT.—E. D. Hancock, V. Pendred; A. V. Clarke, B. F. Pendred; A. H. Partridge, B. G. Reynolds.

RESULTS.—Fisher, Buchanan, beat Hancock, Pendred, 6·4—6·3; Fisher, Buchanan, drew with Clarke, Pendred; Fisher, Buchanan, beat Partridge, Reynolds, 7·5—8·6; Sturges-Jones, Colley, drew with Hancock, Pendred; Sturges-Jones, Colley, beat Clarke, Pendred, 6·3—2·6—6·4; Sturges-Jones, Colley, beat Partridge, Reynolds, 6·1—6·2; Coulson, Peake, beat Hancock, Pendred, 6·2—4·6—6·3; Coulson, Peake, lost to Clarke, Pendred, 1·6—6·0—4·6; Coulson, Peake, beat Partridge, Reynolds, 6·2—6·4.

So that out of the nine events competed for, the Past men won six, lost one, and drew two. This was hardly anticipated, and must be explained by the absence of W. J. Hancock, who was playing cricket, and G. W. Webb, our new hon. sec., who, we regret to say, was summoned home by news of serious illness, V. Pendred and B. G. Reynolds filling the vacant places. The Past team had also to play a substitute, A. G. Buchanan, in the place of H. J. Holman, who was unable to be present.

In spite of the defeat, we think that if our men will keep together and have plenty of practice on the new ground, there is every reason to hope that we shall still retain the Inter-Hospital Tennis Challenge Cup. The weather was most propitious for the games, though the ground was very dry. A very congenial afternoon's play was brought to a happy termination by a photographic group of both teams being taken, having as a centre, the much respected President, W. Arbuthnot Lane, Esq., who always takes such a kindly interest in the welfare and general doings of our excellent club.

THE DINNER.

Over a hundred sat down, at 7.30, in the College Dining hall, and, as we predicted, there was no little difficulty at the eleventh hour in finding places for all who wished to be present. Mr. Durham was in the chair. The dinner was a real Guyite affair from first to last. There was no attempt at distribution of places above and below the salt, but Staff and Students, Past and Present, old and young, were all intermingled, a custom dear to the Hospital, and tending above all things to success; a custom, however, which, while it makes for lightness of heart among students, must tend to lighten the pockets of their teachers, who always seem apt to order much more wine than is required for their own consumption. A leading member of the nursing staff often declares that the chickens which come to Guy's always walk up. To judge from the leg which we ourselves attempted to discuss, the bird must have walked a very long distance. But this was a detail, for the repast was substantial, and, as a whole, very excellent; the steward, moreover, is to be congratulated on the unusual excellence of the service. Dinner over, Mr. Durham rose to propose "The Queen." "Guy's is always loyal" was his sentiment, and the toast was accorded the usual honours.

THE CHAIRMAN next gave "Guy's Hospital and the Treasurer." "I have said we are loyal," he urged, "and we are also patriotic, so I give you Guy's, our country, and its king, the Treasurer. In doing so I would suggest to him that he should look after certain members of his Court—some of the Governors to wit—who have not yet patronised the Clubs' Union."

Mr. LUSHINGTON, in reply, said that we heard a good deal about the "Union of hearts" just now, and it

seemed to him that we met on the present occasion to celebrate a very true union of that kind. With regard to the Governors, he would certainly do his best to make them all, not *patrons*—for that was a word he disliked—but *members* rather, of the Clubs' Union (cheers).

Mr. DURHAM, in proposing "The Clubs' Union," said that it was the toast of the evening, which all must receive with enthusiasm. The Treasurer had spoken of the Union of *Hearts*, but we had the Union of *Clubs* as well, and with two such suits in our hand we could not fail to win. He then went on to trace the history of the Students' Club, the chief constituent of the Union. It had its first quarters at the Hospital in Philip Ward, where it was established in 1882, being then regarded simply as a place where the men might feed. At the suggestion of Mr. Lane, who had the knack of suggesting enterprises and seeing them well carried through, they moved to more commodious quarters in the Hospital, and other attractions beside the mere dining table were added. Here the Club was carried on, eventually with great success, which was largely due to the management of Mr. Milsom. (Cheers.) Finally they moved to their present excellent establishment, an event so recent that he would not enlarge upon it. He might remark here, however, putting politics entirely on one side, that he felt personally that they were greatly indebted to Mr. Gladstone for coming to open the College. What further improvements might take place upon their present position—he spoke at a hint from the Treasurer—he could not at present say.

Dr. BRAILEY, the Treasurer of the Union, was the first to reply to the toast. When the prominent politician mentioned by the Chairman was speaking in the dining hall he gave them an anecdote of a cut finger, the "breach of continuity," in which was healed by treatment with a certain leaf, which showed, as the Right Honourable Gentleman said, that there were powers in nature which we did not understand. Well, he (the speaker) would give another instance. There was a certain Guy's man, well known as a football player, as a boxer, and who was prominent in other athletic callings. Now he had once had the pleasure of seeing this gentleman run in a three mile race. At the end of the first mile he was perhaps not very fit (for he was not a thin man, his name being Allport), but somebody ran after him with a glass of beer, after consuming which, the runner finished in splendid style. Here was another instance of forces in nature they could not understand. The Right Hon. Gentleman referred to, also remarked on the admirable way in which the finances of the College had been carried through. He could not understand how they had managed it. He (Dr. Brailey) might say the same of the finances of the Clubs' Union. It was a measure of the success of the union that £2,400 had passed through his hands in one-and-a-half years. Where it had come from it was difficult to understand—still more where it had gone to! He called to mind the man who said he had dissipated his fortune in paying his debts. This was what they had done; but they had moreover spent £600 when there was no actual need for it. They had written this sum off their capital account. There was another thing they could tell their late right hon. guest—the value of union. Every constituent club had benefited by the union which they met to-day to celebrate.

Mr. FISHER, as student member of the Council, and President of the room, also spoke to the toast. He urged the great indebtedness which all members of the Union were under to their Hosts of the afternoon, who had afforded them an occasion for so much enjoyment.

Dr. SHAW, the Secretary, said he felt that among the many kind things said about the Union, there was one which was not altogether true. There had been an implication that the constituent clubs had *needed* the Union for their success. This was not so. It was because each of the Clubs was the very best of its kind at the time of amalgamating that the success of the Union was assured. Much of its success, however, was due to the old Guy's men. Out of the some 1,800 of these which were to be found on the register, nearly 600 had become members of the Union. He would further like to insist upon the services of Mr. C. H. Wells, who was their inspiring financier. For himself, until instructed by Mr. Wells, he had really no idea of the difference between capital and current accounts. [Cheers, and laughter.] Before sitting down he would propose, as their next toast, their genial and popular President, Mr. Durham. He had been a most constant attendant at the meetings of the Clubs' Union Council, and he could not express how great was their indebtedness to his advice.

The President's health was thereupon drunk with much enthusiasm, and Mr. Durham replied, with no little emotion, in his usual felicitous manner. The next toast, given from the chair, was "The past teachers and old students of the hospital," coupled with the names of Dr. Debus and Dr. Pelly, of the Indian Medical Service. These gentlemen replied with much geniality, the former standing upon his chair while speaking. Finally, Mr. Durham proposed the health of Mr. Fripp, the Secretary of the Students' Club. They had lost Dr. Shaw by his transference to the Clubs' Union, but he had a most able successor in Mr. Fripp, to whom so much of the success of the present occasion was due. He would also mention here their indebtedness to the present Steward of the Club. Mr. Batten had been a servant of the Hospital before taking his present position, and his efforts on their behalf was another instance of the *esprit de corps* which reigned amongst those connected with Guy's.

Mr. Fripp's health was drunk with much enthusiasm (amidst cries of "Fripp! Fripp!! Fripp!!! Hooray!!!!") and the toast was replied to by that gentleman in a few well-chosen words. "Auld Lang Syne" followed, and brought the occasion to a close.

The proceedings were interspersed with some enjoyable vocal music; Mr. Coulson rendering some excellent solos, while the Guy's Musical Society, represented by Messrs. Coulson, Van Someren and Robinson gave the ever-acceptable "Mynheer Van Dunck."

REPORT OF THE COUNCIL OF THE CLUBS' UNION.

The retiring Council of the Clubs' Union have much pleasure in presenting to the new Council and to the members of the Union the audited balance-sheet, together with the following report of the progress and development of the Clubs' Union during the eighteen months that have elapsed since its formation, which period corresponds with the Council's term of office.

There are at the present time 945 members of the Clubs' Union, of whom 698 are life members, 220 annual subscribers, and 27 patrons. 626 of the life members are old Guy's men, and 72 are present students who have paid composition fees. The large number of old Guy's men who have thus joined is highly gratifying to the Council, and seems to point to the fact that the Union is not only successful in strengthening the Clubs of which it is composed, but also in tightening the bonds of friendship which have always existed between past and present students.

The Council desire cordially to acknowledge the very substantial support they have received from those of the Governors and members of the Consulting Staff who have become patrons.

All the original constituent institutions remain in the Union, and the Council have had to regretfully decline, for the present, to admit two other clubs which have applied for association.

The Clubs' Union has entered into possession of the ground at Honor Oak Park, which, on the 3rd of May, was formally opened with a reception by the President and Treasurer. The capital sum raised for the purchase and levelling of the ground and for the building of the Pavilion amounts to £7,182 19s. 11d., and the interest payable upon it is £242 per annum. This annual charge is a very severe drain upon the resources of the Union. The preliminary expenses connected with the field, excluding the purchase-money of the ground and the cost of the Pavilion, amount to £2,503 6s. 10d., of which £604 10s. 6d. has been paid out of donations and subscriptions of old Guy's men. There is thus left the large sum of £1,898 16s. 4d., which it is hoped may be paid off rapidly, so as to reduce this annual charge on the ground to the reasonable sum of £150. For this purpose it is necessary that every effort should be made to persuade the entire body of students, past and present, to join the Union, and that the Committees of the various Clubs should exercise the strictest economy. The Council have endeavoured to make the ground as accessible and convenient as possible for the members, by inducing the Railway Company to grant cheap tickets, by providing lockers in the Pavilion, by arranging for refreshments to be served upon the ground, and by engaging as their groundman a professional cricketer.

As will be seen by the balance sheet, the receipts during eighteen months from donations, subscriptions, and other sources amounted to £2,463 10s., and the expenses to £2,189 14s. 4d. Of the expenditure, £1,153 9s. 11d. has been divided amongst the constituent institutions, £306 5s. 1d. has been paid for the current and certain initial expenses connected with the field, £604 10s. 6d. has been carried to capital account, and the remainder represents initial expenses in the formation of the Union, and the current expenses of management. The balance carried forward is £240 9s.

In conclusion, the Council have to report that their successors have been elected in accordance with the rules of the Union, and that the following are the names of the new Council :—

Dr. Pye-Smith, Mr. Durham, Dr. Taylor, Mr. Brailey, Dr. Shaw, Mr. Fripp, Mr. H. T. S. Bell, Mr. W. Bligh, Mr. H. Cooper, Mr. A. M. Daldy, Mr. R. H. Fagge, and Mr. H. A. Munro.

Statement of Receipts and Expenditure from October 1st, 1891, to March 31st, 1893.

RECEIPTS.

To Subscriptions and Donations—from Oct. 1st, 1891, to March 31st, 1892	1,023	1	0		
April 1st, 1892, to August 31st, 1892	258	5	6		
Sept. 1st, 1892, to March 31st, 1893	993	8	0		
				2,274	14	6
Grant from School Fund, for 1892 ...				100	0	0
Rent from tenants				66	1	0
Sale of railway tickets				15	8	0
Deposit interest account				7	6	6
				£2,463	10	0

EXPENDITURE.

By Grants to constituent institutions :—					
Athletic Club	17	12	0		
Bicycle Club	5	0	0		
Cricket Club	23	10	0		
Football Club (Association)...	15	9	0		
,, ,, (Rugby) ...	56	3	6		
Gazette Fund...	349	5	0		
Physical Society	14	9	8		
Reports Fund	336	5	0		
Students' Club	329	1	9		
Tennis Club	6	14	0		
				1,153	9	11
Field current expenses ...	198	15	1		
Field rent account	107	10	0		
				306	5	0
Transferred to capital account towards liquidation of preliminary expenses				604	10	6
Returned Subscriptions overpaid				3	2	0
Initial and Management Expenses :—					
Printing and Stationery...	80	5	0		
Secretarial Expenses ...	35	6	0		
Petty Cash Disbursements	6	7	6		
Cheque Book	0	8	4		
				122	6	10
Railway Tickets (Deposit A/c)				35	6	8
Balance at Bankers	236	16	6		
Petty Cash in hand	3	12	6		
				240	9	0
				£2,463	10	0

Audited and found correct, May 9th, 1893.

(Signed) E. T. E. HAMILTON.
J. W. WASHBOURN.

RULES FOR THE HOSPITAL "BLUE,"

Suggested by representatives from the Rugby and Association Football, Cricket, Tennis and Athletic Clubs, and approved by the Council of the Clubs' Union, May, 1873.

1. The colours shall be called the "Guy's Hospital Blue." They shall consist of a coat and cap, with crests and a scarf, according to samples supplied by Lewin, of Crooked-lane, Cannon-street, in March, 1893, and deposited under care of the council of the Clubs' Union.

2. "Blues" shall be awarded by the "Blues" committee to members of the five following teams:—Rugby Football, Association Football, Cricket, Tennis, Athletics.

3. The "Blues" committee shall consist of two delegates from each of the five above-mentioned clubs. These delegates shall be elected by the committees of the respective clubs half-yearly, previous to the meeting of the "Blues" committee.

4. The "Blues" committee shall meet half-yearly at the close of the winter and summer sessions, after the Inter-Hospital competitions have been decided. They shall then proceed to award "Blues," and shall take into consideration the list of men suggested by the various club committees through their delegates. The secretary of the Rugby Football Club shall call the winter meetings and the secretary of the Cricket Club the summer meetings of the "Blues" committee.

5. The "Blues" committee shall award "Blues," so that at the end of each season the Rugby Football team be represented by 15 "Blues," the Association Football by 11, the Cricket by 11, the Tennis by 3, and the Athletic team by a number dependent on the suggestions of the committee of the Athletic Club: (for instance, if the Rugby team at the end of a season contains 10 players, who have already earned their "Blue" in the football team, the "Blues" committee shall award five new "Blues," so as to make the number up to fifteen).

6. The list of men to whom "Blues" are awarded shall be forwarded to the council of the Clubs' Union for their approval, and they shall forward to each of these men a printed order, which will enable them to purchase the colours from Lewin. This list of awards shall be sent as soon as possible to the GAZETTE for publication.

7. The "Blue" shall be retrospective, that is to say, that any senior man who has earned his place in either of the five teams in past years shall be entitled to procure the "Blue" on the recommendation of the "Blues" committee, and a printed order from the council of the Clubs' Union.

8. The council of the Clubs' Union shall at any time, upon the recommendation of the "Blues" committee, have the power of incorporating any new club, or of excluding any of the above-mentioned clubs from the privilege of wearing the "Blue."

9. Each man shall wear the initial letters of the club above the crest on the coat pocket; if he has been awarded his "Blue" in more than one of the teams, he may select whichever one of the initials he wishes.

10. If at any time a "Blue" wishes to provide himself with new colours he shall apply to the secretary of the Clubs' Union for an order on Lewin.

11. The "Blues" committee has power to add to or to alter any of these rules, subject to the approval of the council of the Clubs' Union.

CONJOINT BOARD CAROLS.

BY MUDLARK STRIPLING.

III. THE COLLEGE OF SURGEONS.

Have you heard of the College of Surgeons,
Which I'm sure none of us ever bless?
Through th' exam. if you squeeze, she rakes in your fees,
And you call yourself M.R.C.S.
(Oh! excellent M.R.C.S.!)
She has an abode on th' Embankment,—
With the fees that we've paid it's endowed,—
And in Lincoln's Inn Fields a Museum that yields
The pickles on which we get ploughed.
(Poor beggars! we often get ploughed!)
Then here's to the College of Surgeons,
And here's to their Hall and their Mus.,
The Council and Fellows, and the thousands of ['yellows'
That they get every three months' from us.
(By Jove! they get lots out of us!)

Walk wide of the College of Surgeons,
For a hairy big income she owns,
She got most of that same from the thousands who came
And got ploughed in their Phys. and their bones.
(Other things too, as well as their bones!)
Hands off o' the College of Surgeons,
For too widely spread is her fame;
If you bid them climb down, they merely will frown,
And they'll talk of removing your name.
(You're lost if they take off your name!)
Then here's to each one of its members,—
To each one, be he genius or crock,—
As long as he live may he never forgive
The place where we've all had the knock.
(The College likes giving the knock!)

We have heard of the College of Surgeons;
It's no use for improvements to call,
For her Council they stand, an unbudgable band,
And reform they won't hear of at all.
(Reformers have no chance at all!)
Take hold of the stories of *vivas*,
And write to the press till you're dead;
But I'll venture to bet, no advantage you'll get,
And you'll find yourself scored off instead.
(Yes, jolly well scored off instead!)
Then here's to poor M.R.C.S.'s,
And to all distressed L.R.C.P's;
Here's a speedy relief to all manner of grief,
And a rapid increase in the fees.
(That they *get*—not pay up—if you please!)

E.H.C.

EXTRACTS FROM MY NOTE-BOOK.

By Thomas Bryant, F.R.C.S., Eng. and L., M.Ch.

Dr. William Hunter wrote in 1768-9.

"*Bronchotomy* is an operation seldom performed. I never saw it done in 25 years, and for 30 years never knew it done in London to save life but once, which was on a butcher of some property who was hung at Tyburn. It was done one night with an intent to save time, but he could not be recovered. He only sighed once after he was cut down.

"In disease it can seldom be of service, as the disease is lower than we can perform the operation on the trachea. Besides it is an unpleasant operation, the very name sounds hideous, cutting a man's throat, and as it will be left to the last pinch, no one will care to do it, lest the patient dying at the time of the operation, it might be attributed to the operation and hurt the surgeon's character.

"In Scotland, where men who were hanged were made to jump off a ladder, dislocation of the spine took place."

Mr. Henry Cline, who died in 1820, wrote:—

Cases in which tracheotomy, then called bronchotomy, may be required:—

"*Foreign body in air passages.*—Of these cases we have other instances, one of a beggar, who, whilst asking charity, fell down and expired. The man who procured bodies for St. Thomas's dissecting-room was passing by at the time, and thinking he could get a subject, expressed great sorrow at the loss, and asserted that he was his brother. He then brought him to the hospital, and upon examination a piece of cabbage was found in the trachea."

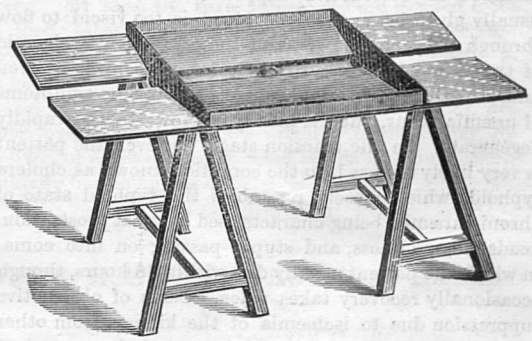
Correspondence.

To the Editor of Guy's Hospital Gazette.

VACCINATION.

Dear Sir,—That we should be experts both in the art and science of vaccination, is a proposition that requires no proof, it is self-evident. Compare with this self-evident proposition the means set before the student of acquiring this knowledge. For the *nominal* sum of one guinea, he is graciously permitted to sit in some cheerless back-parlour or dirty vestry-hall, and there to watch an expert gentleman make a few scratches with a septic lancet on the arm of an unoffending infant, who, according to its disposition, crows with delight or howls with agony at the novelty of the thing. The student is also permitted to look at the resulting vesicles next week. He then deposits a hard-earned guinea on a large pink paper to which the aforesaid gentleman appends his name, and the student goes forth "instructed in the practice and principles of vaccination," and having such "proficiency as shall qualify him," etc. Let us rather offer our guineas at the shrine of our Alma Mater, and from her receive instruction (as we do in anæsthetics) by a few useful, practical lectures. The Local Government Board might be approached with a view to establishing a "station" at Guy's, as has been done at St. Thomas's; their disinterested desire for the public welfare would insure a ready acquiescence to such a request.—Yours sincerely,

VAUGHAN PENDRED.



Dear Sir,—Enclosed is a diagram of the table that I am in the habit of using for the performance of abdominal section, which I venture to hope may be of service to other surgeons for the same purpose. It is a design of my own, the necessity of which occurred to me when washing out the peritoneal cavity, as on some occasions, large quantities of water were required, and the floors, as well as ceilings below, were soaked with *blood-pus or contents* of ovarian cysts.

It is composed of two tressels; the tops of which are so sloped that the two planks laid upon them shall slope gently towards the centre; upon these is a zinc tray also sloping towards a central ditch 2½ inches wide, with a hole in its centre, to which a short piece of zinc tube is attached, a foot bath being placed beneath. The length of the table is 5 feet 9 inches, its width 21 inches; the length of the tray is 30 inches, its width 21 inches. The height of the table should reach to the operator's great trochanter. When operating, I lay two india-rubber hot water pillows in the tray, for the patient to lie upon, and have used gallons of water in this way for flushing out the abdomen, without spilling more than a few drops on the floor of the room. It will be seen that this is a great advantage when the patient has afterwards to be nursed in the same room, that the floor shall not contain septic fluids.

Trusting you will be able to find space for the insertion of this in the columns of your valuable paper.—Believe me, Sir, I am, yours faithfully,

THOMAS H. MORSE.

ACKNOWLEDGMENTS.

The "Hospital," the "Philanthropist," the "Cambridge Review," the "Corpuscle," the "St. Thomas's Hospital Gazette," the "St. George's Hospital Gazette."

ON URÆMIA.

[Read before the Physical Society of Guy's Hospital, January 21st, 1893.]

(Continued.)

The suppression of urine, which occurs during the algide stage of cholera, may be looked upon as another instance of obstructive suppression, the explanation usually given being that the blood is too viscid to flow through the renal vessels, and the consequent ischæmia of the kidney is necessarily followed by ischuria or even anuria. During the algide stage, of course no symptoms of uræmia occur, but the kidney is known to very rapidly degenerate. In the reaction stage, however, the patient is very likely to pass into the condition known as cholera typhoid, which closely resembles the typhoid state of chronic uræmia, being characterised by great prostration, headache, giddiness, and stupor passing on into coma, in which the patient usually dies within 48 hours, though occasionally recovery takes place. Cases of obstructive suppression due to ischæmia of the kidney, from other causes than cholera, are very rare, so I must just mention a case which occurred under Mr. Durham in the beginning of December last. The patient was in the hospital for necrosis of the ilium, I believe, when she developed albuminuria, with diminished excretion of urea; her liver was enlarged and she was believed to have lardaceous disease. A few days before her death she became very drowsy, but no convulsions or muscular twitchings were observed; it *was* noticed, however, that she passed hardly any urine. She died quite suddenly just after eating dinner. At the autopsy both renal veins were found occluded by ante-mortem clot, which had spread up into the vena cava and down into the left ovarian vein. A small portion of the clot had been carried off by the blood stream, and unfortunately caused pulmonary embolism and instant death, before the results of occlusion of the renal veins had become manifest. It is interesting to note, however, that the patient had no symptoms typical of uræmia, although the urinary constituents had obviously not been excreted for some considerable time.

May not this difference between the symptoms of uræmia occurring when the kidney is previously the subject of inflammatory change, and the symptoms due to sudden suppression of urine in previously healthy kidneys give us some clue to the pathology of uræmia?

Since the publication of Bright's cases in 1827, volumes have been written upon uræmic pathology, but the question remains virtually unsolved.

Bright, we have seen, recognised the relation of uremia to kidney disease. He pointed out that œdema and anæmia of the brain occurred in some cases marked by cerebral symptoms, and suggested that the retention of urea by the blood might account for the apparently toxic manifestations. Since that time two distinct and opposing theories, which we may call the chemical and organic, have arisen. The former, to which I have already alluded, has gained more adherents, principally, I suppose, because a toxæmic theory gives one the whole range of urinary constituents to select from and to experiment with. The latter, which supposes that the symptoms are due to œdema and anæmia of, or to gross structural changes in, the central nervous system, consequent upon the kidney disease, has not found so many supporters.

Of the early observers, Christison and Babington agreed with Bright in considering urea to be the toxic agent, because large quantities of urea were found in the blood of uræmic patients, but it was pointed out by Owen Rees, as early as 1850, that in a case of obstructive suppression under his care, in spite of large quantities of urea being found in the blood, no uræmic manifestations occurred. The urea theory was next modified by Frerichs, who suggested that the urea in the blood, under the action of a special ferment, is decomposed into ammonic carbonate, and that the symptoms are caused by the toxic influence of ammonic carbonate in the blood. In proof of this theory, Frerichs states that ammonic carbonate injected into the veins of a dog causes convulsions and coma, and that this effect is produced whether both kidneys have been extirpated or not. After death he found ammonia in the blood, bile, and stomach contents. Moreover, he observed that in patients dying from uræmia the breath is frequently ammoniacal. The question was thus shifted further back, so that instead of urea, a hypothetical ferment in the blood was to be looked for. To obviate the ferment, Treitz made his ingenious suggestion that when the urea, circulating in the blood, arrives at the intestinal mucous membrane, it is acted upon by the intestinal secretions and converted into ammonic carbonate; this product then circulates in the blood, and not being eliminated by the kidneys, causes the uræmic manifestations.

If this ammonæmia theory were believed in at the present day, the presence of ammonic carbonic in the blood might be looked upon as a result of an arrested proteid metabolism, on the view that ammonic carbonate is an intermediate product in the formation of urea. Claude Bernard, however, soon showed that injection of ammonic carbonate did not always give rise to uræmic symptoms—in fact, that coma hardly ever occurred. It also appeared that many patients suffering from uræmia had not a trace of ammonia in their breath or blood during life, and that those patients in whom the breath is ammoniacal are in the condition described as the "typhoid state," with decomposing pulmonary and buccal secretions. In enteric fever and in pyæmia the breath may be just as ammoniacal as in these worse cases of uræmia. Again, ammoniacal vomiting, when it occurs, probably means that urea has been excreated into the stomach and become decomposed there. It must also be remembered that the vomit is more frequently acid than alkaline in uræmia. The next urinary constituents which received attention were the extractives. It was observed that nitrogenous bodies

other than urea were greatly increased in the blood, and in the tissues, of certain patients dying of uræmia, and their symptoms were attributed to an arrested tissue change whereby the oxidation of nitrogenous material was not carried far enough. It has since been shown, however, that this increase of nitrogenous constituents, other than urea, occurs in many febrile conditions, the urea nitrogen which in normal urine equals ·9 of the total nitrogen, decreasing in disease to ·6 or even to ·5 of the whole, and this without any sign of uræmia. Further, it has also been shown that injection of these substances into the blood does not give rise to uræmia. On the other hand, Landois, in a monograph on uræmia published in 1890, states that extractives, especially kreatin and kreatinin, were the most efficacious urinary constituents for producing uræmic symptoms in dogs in his experiments. The method he employed was that of introducing various substances, in powder or in solution, on to the exposed brain of a dog previously trephined.

The more recent researches on experimental uræmia have not brought us much further, and it is becoming more and more obvious that no true inferences can be drawn from the results of such gross interference with the whole organism as is necessitated in such operations as the extirpation of both kidneys or ligature of both uretas in animals, and, even granting that the shock of operation in no way masks the subsequent symptoms, these experiments at best only imitate the conditions which obtain in cases of obstructive suppression of urine, in which, as we have seen, the uræmic manifestations differ widely from those observed in the uræmia of Bright's disease.

Of recent works I may mention that of Feltz and Ritter, published in 1881. Their research extended over a period of fifteen years, and was very thorough as far as it went. In their experiments they ligatured the renal arteries in dogs. The rapid suppression of urine thus affected was followed by vomiting and diarrhœa, convulsions and fatal coma, death ensuing in about three days. Analyses of the blood, post-mortem, showed notable increase of urea, extractives and salts. In other dogs, after ligature of both renal arteries, the observers injected fresh normal urine, and observed the same symptoms coming on, and ending fatally, *in a shorter time*. Under similar conditions they injected the organic constituents of urine, and considered they were not toxic, as they made no difference in the rapidity of onset or termination of the symptoms. On injection of the inorganic constituents of the urine, on the contrary, the animals died much more rapidly. Finally, these observers came to the conclusion that the true toxic constituents of urine are the potassium salts, of which the chloride is the most deadly.

Bouchard has lately greatly widened the scope of the chemical theories of uræmia. He has made numerous observations on the varying toxicity of human urine, by injecting urine collected at different times of the day, and under varying condititions as to food, sleep, &c., into the veins of rabbits. He comes to the following conclusions:—(1) That urine, as a whole, is toxic. (2) That urine collected after sleep, or after hard work in the open air, is less toxic than under the opposite conditions. (3) That the toxicity is markedly increased in febrile disturbances, even of the most transient kind, and by constipation. (4) That the toxic principles are numerous, and that they are antagonistic in action, some being convulsive, others soporific or coma producing. (5) That the toxic substances are derived from the food, especially the potassium salts, from intestinal decomposition, and from tissue degenerations. Now in the physiological state these poisonous substances are got rid of in three different ways, namely, they are either oxidized, or they are arrested or destroyed by the liver, or else they are excreted by the skin, intestines, or chiefly by the kidneys.

(To be continued.)

GUY'S HOSPITAL MEDICAL PRAYER UNION.

LIST OF MEETINGS.—SUMMER SESSION.

On THURSDAYS, 4.30 to 5.15 p.m.

May 4.—A Prayer Meeting.

„ 11.—Opening Meeting of Session. C. J. Symonds, Esq., M.S., in the Chair. Address by A. Carless, Esq., M.S., of K. C. H. Subject—"A Man out of the Way."

„ 18.—Inter-Hospital Meeting at St. Mary's Hospital, at 5.45 p.m. Tea and coffee at 5.15 p.m. Address by Rev. Dr. Pentecost. J. Croft, Esq., F.R.C.S., in the Chair. (No meeting at Guy's, as all our members are expected to attend.)

„ 25.—Address by H. Grattan Guinness, M.D. Subject—"The Experiences of a 3,600 Miles' Journey on the Congo, with special reference to its Climate, Diseases, and Medical Mission Work."

June 1.—Subject—"Ancient Ideals of the Medical Man."

„ 8.—Annual Conference at Exeter Hall, 5 p.m. Address by J. H. Cook, Esq., of U. C. H.

„ 15.—Annual Missionary Meeting. Dr. Thomas Stevenson in the Chair. Address by Rev. B. Baring-Gould, M.A., Central Sec. C.M.S. Subject—"Christ's claim on us with respect to the Heathen and Mohammedan World."

„ 22.—Address by R. Anderson, Esq. Subject—"Why am I a Christian?"

„ 29.—Address by H. Richardson, Esq.—Phil. i., 27.

July 6.—General Discussion—"How to use the Bible.'

„ 13.—An Address—"The Acts of the Apostles."

„ 20.—Address by Rev. Prebendary Webb-Peploe (St. Paul's Church, Onslow Square).

„ 27.—Address—"Christ our pattern in Prayer."

Tuesdays—Subject—Epistle to the Romans.
(Specially arranged for members unable to attend on Thursday.)

President.

(President for the year 1893-1894.)
J. Croft, F.R.C.S.

Vice-Presidents.

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M. L. Hepburn .....St. Bartholomew's Hospital.
L. Rogers.....St. Mary's Hospital.
F. White .....St. Thomas's Hospital.

TENNIS CLUB.

Gentlemen wishing to play in any Matches or Cup Tie, are requested to let the Hon. Sec. or any Member of the Committee know as early as possible, as practice will be commencing soon. Below is the list of Committee :—

Captain and Hon. Sec.: G. B. Webb. Vice-Captain: W. I. Hancock. Committee: C. R. Colley, W. H. Fisher, F. W. Goldie, E. D. Hancock, W. C. C. Park, V. Pendred, B. G. Reynolds.

PASS LIST.

ROYAL COLLEGE OF SURGEONS, ENGLAND, L.D.S. EXAMINATION.

Pass List.

Butler, W. R.
Keay, C.
Lyne, W. H.
Makepeace, A. J.
Manton, G. S. F.
Oram, C. H.
Pritchard, F. E.
Saul, W. H.

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

H. L. W. Salisbury.—Microscopical sections of the tumour of the breast submitted show that there is extensive destruction of the gland tissue by a spheroidal carcinoma of the scirrhous type. A short clinical account sent with the specimen would have made my work more interesting.

R. E. L.—The sputum you send is crowded with tubercle bacilli.

PATHOLOGIST.

Specimens for examination and description in this column should be addressed H. Hunt, Gazette, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

CALENDAR OF COMING EVENTS.

May 13th.—1st XI. *v.* Streatham, at Streatham.
,, 13th.—2nd XI. *v.* Old Cranleighans, at Brockley.
,, 18th.—1st XI. *v.* Crystal Palace. at Crystal Palace.
,, 18th.—1st XI. *v.* Repton School, at Repton.
,, 19th.—2nd XI. *v* King's College, at Wormwood Scrubbs.
,, 24th.—2nd XI. *v.* Dulwich College, at Dulwich.

NOTICE.

BEANEY SCHOLARSHIP IN MATERIA MEDICA.

John Fawcett, M.D., has been elected Beaney Scholar in Materia Medica.

L. E. SHAW,
Secretary to the Board of Electors.

May 3rd, 1893.

Marriage.

WASHBOURN—CARD.—On April 8th, at Holy Trinity Church, Anerley, J. Wychenford Washbourn, M.D., to Nellie Florence, elder daughter of the late W. Freeland Card, Esq., of Maze Hill, Greenwich, and of Mrs. Card, Selby Road, Anerley.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1892 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE

Guy's Hospital Gazette,

MAY 27, 1893.

NOTES ON A CLINICAL LECTURE BY DR. SHAW.

DIAGNOSIS AND TREATMENT OF EFFUSIONS INTO THE PLEURAL CAVITY.

As my period of duty in Clinical comes to an end next Monday, and it is the custom at the last lecture to give a medley of cases that have occurred, and been interesting in the previous six weeks, I have looked over these that have been in, but find that nearly all the difficulties and doubts had really arisen in connection with the question of fluid in the chest, and how to get rid of it. There has been a serious epidemic of pneumonia of a very severe kind, but not presenting any great difficulties in diagnosis or treatment. I will, therefore, lecture on the *Diagnosis and Treatment of Effusion into the Pleural Cavity.*

That you may sympathise with the difficulties, and not have the idea that it is a simple matter, I will tell you some of the mistakes that have occurred in the last six weeks.

We have thought there was fluid, and there was not; we could not get any out by means of a syringe, and when the patient died found that the condition was a great mediastinal growth that had come to the surface at the chest wall.

We have thought that there was little or no fluid, and when we came down to the Post-mortem room were greeted with the remark, "Pints of fluid in the chest."

We have felt sure that there was fluid, and found extreme difficulty in telling whether it was pus or serum. One case sent in for pus we thought was serum on drawing some fluid off. Presently the patient had a rigor, and when we tried to let it out we could not find any. The patient recovered, and this may be an instance of pus being absorbed.

In one case of large effusion of serum, although tapped three times, we could make no impression on the physical signs, except in one particular, that there was an area of unusual resonance in chest. This was found to be due to air, not in the lung, but actually in the pleural cavity, and hence a condition of hydro-pneumothorax.

So we have had our difficulties, and as the assistants were certainly not below the average, I hope you will share our troubles and doubts.

The fluids that are generally found in the pleural cavity are *serum, sero-pus, pus, blood, blood-stained serum,* and *air.* These are not the only ones, because if one were to be very particular, bile, gastric contents, and hydatid fluid must be mentioned.

Conditions under which we are likely to get any.

First, because I want to take them out of consideration and not talk much about them.

1. *Air.*—This may come from the outside of the chest or through the lung. I do not intend to lecture upon pneumothorax, but just mention two cases.

a. The case already mentioned, of chronic pleuritic effusion, which on tapping developed pneumothorax.

There can be only two ways in which the air entered. It may be conceived that it got in from the outside owing to some unskilful management of the syringe. My impression is, that during the operation the lung was wounded, and

because it was densely bound down by fibroid thickenings, it could not expand, and consequently air replaced the fluid.

b. Another case in which the origin of the air was a trouble, was one that had syphilitic stenosis of the upper end of the trachea. The patient coughed up the tube, and presently developed a general surgical emphysema and considerable pneumothorax, the whole of the right lung being compressed and the cavity full of air. One point is that the diagnosis of the cause of the obstruction, or dyspnœa, was tracheal obstruction, and as soon as the house surgeon was called to the case he thought perhaps the obstruction was not overcome. He quickly passed a catheter, which, however, owing to the swelling, went down the side of the trachea instead of through it; but there was no connection between the track of the catheter, which was visible at the post-mortem, and the pleural cavity.

The condition is not common, and it is supposed that the passage of air is effected through the stomata connected with the lymphatic channels, or some such way.

2. *Blood*.—Is of very little interest clinically, only that it generally results from circumstances that lead to the death of the patient in a few minutes, or at most a few hours. In the large majority the origin is from a thoracic aneurism. It does occasionally come in other ways, as for instance, from the lung in such condition as *gangrene*; the blood has been known to pour from the pulmonary artery into the pleural cavity. In a case of *phthisis* a pulmonary aneurism opened indirectly into the pleural cavity.

More common conditions are *serum*, *sero-pus* and *blood-stained serum*.

Blood-stained serum.—In the books you find that when you aspirate blood-stained serum you must consider the likelihood of malignant disease; this certainly does happen, but you often find it when there is no growth at all, and you may have stained it yourself in making the aperture.

Serum, sero-pus and pus are practically inflammatory effusions. But in the case of serum it is an important fact that in a large number of cases it is merely a passive condition with no inflammation of the pleura, but depending upon some dropsical state, *e.g.*, in Bright's disease.

Diagnosis of Fluids.

Of blood I shall not say anything, because the diagnosis is unsatisfactory. For the ordinary ones the physical signs are practically the same in all cases.

Important ones are

1. *Shrinking* of the chest wall; although some of the books say bulging. The reason is that the immediate effect of fluid would be to make the lung contract, and since the size of the chest depends upon the size of the lung, the chest will shrink. One case that puzzled one of the assistants had acute pleuritic effusion and yet the affected side of the chest was distinctly the smaller of the two; the fluid had certainly not been there longer than a fortnight. Fibroid thickening also always has associated with it shrinking, so that this must be diagnosed from falling in of the lung from pressure of fluid.

2. The next great thing that strikes you is that their chests are *dull*. Here I should like to suggest that there seems to be too much impression that the dulness is due to the *fluid*, but the real reason is the *airlessness* of the lung; whether the air vessels are actually nearly emptied or full of inflammatory products, it comes to the same thing. Dulness then is due either to consolidation or pleuritic effusion.

For the past eight years I have taught strenuously that when you have pleuritic effusion without any air in the cavity, you may be perfectly certain that you will not be able to demonstrate any shifting of the level of dulness

when the patient sits up, because of the tight adhesion of the two layers of the pleura preventing much alteration in the position of the fluid.

But just lately one of the assistants has, I must confess, demonstrated that in one case the level did distinctly shift an inch or so, and we were perfectly certain there was no air in the cavity.

Still, when you hear it said that the dulness due to fluid shifts and that to consolidation does not, remember that with merely fluid the shifting is extremely uncommon, although it may occasionally be found, as in this case in Miriam.

3. Another thing is absence of *tactile vocal fremitus*, an important sign, as when there is no air this is generally increased, as in fibroid thickening and chronic phthisis. In the most difficult case however, as in children, this does not help, as no tactile vocal fremitus is found in the normal condition.

4. *Respiratory sounds.*—You often find, especially in children, loud bronchial breathing, because of the good conducting power of the fluid. The contrary idea is due to an old-fashioned notion that the sounds were produced in the lung; the more modern view is that they are made in the larynx. Under these circumstances there is no difficulty in believing that fluid *plus* solid lung will conduct very well so as to produce well heard bronchial breathing.

5. More important is the *displacement of the heart*, because it helps to distinguish between *fluid consolidation*, due to inflammatory conditions like pneumonia and *consolidation*, due to fibroid thickening. If due to fluid, the heart will be pushed over from the affected side. If to pneumonia, the heart is not displaced at all. If to fibroid thickening, it will be pulled over to the dull side.

But, you say, "Why all this fuss when you only have to insert a syringe and know at once."

But you very often do *not* know. If you put in a syringe and get fluid out, you are all right, and know for certain, but if you do *not* get it out, you cannot be by any means sure that there is none.

Failures of Syringe.

First.—The syringe is frequently not in good order; it is very often blunt either before the operation, or is blunted by going up against a rib; and if the point is not sharp you may merely lift up the parietal layer of the pleura, and not get into the real cavity at all. The syringe then should be sharp and thrust in quickly.

Another difficulty is piercing the lung; you push the syringe in and feel it in a cavity, the lung substance being too yielding to offer any obstacle to the movement of the point, and all that comes out is a little blood.

Again, the operation may be most carefully performed, and yet you may happen to be just on a place where the lung is adherent. Dr. Goodhart left a case of loculated fluid, the fluid being at the apex. We aspirated as near as we could, exactly where fluid had been obtained before, but the patient began to cough and bring up some blood, and we could get no fluid into the syringe.

Again, the fluid may be very thick, as you may see sometimes when a surgeon drags out with his fingers great lumps of caseous material from these cavities.

Therefore it is important to point out the signs of the fluid.

Diagnosis between pus and serum.

This is important, because if it is serum you may probably leave it alone; but if pus you must not.

As to physical signs, they are much the same, except in one particular.

I do not believe in any difference in *dulness*.

However, if there is pus it will take upon itself some time or other to come out, and then you will have additional physical signs.

Big veins will be seen, the wall gets œdematous, and there will be bulging of the intercostal spaces in the region. It is a curious fact that it almost always comes out in front, just below the nipple, in spite of our having shewn it how to come out behind, or in the axilla for so many years.

A very important thing is the general condition of the patient.

Fever.—Often you do not have this in cases of pus, and you do in cases of simple effusion. And so very little stress must be laid on that by itself.

"Clubbed fingers and earthy complexion" are due to pus staying so long, and are more or less an indication of the more serious condition with pus. You may tell much from the history; if there has been an operation for a foul sort of empyema, then you may reasonably expect pus. In a child generally think of pus, also in a man who has had pneumonia and then signs of fluid in the chest.

Treatment may be considered under two headings.

(1.) Whether to leave alone or remove it.

(2.) If you have decided to remove it, *how?*

(1.) *Whether to leave alone or remove.*

When I say leave alone, of course I do not mean neglecting to use measures that tend to the absorption of the fluid. I should paint with iodine, although I cannot tell you exactly why only that it has been the experience of men we believe in—that good is done by counter-irritants in absorbing fluids. Or purging and diaphoretics, and diuretics, to cause water to be excreted and get the organism to look about for more, and so use up the fluid.

Drugs that are supposed to promote absorption of fluid, such as potassium iodide, may be given.

All this, however, I shall call leaving alone. Reasons why it should be removed are chiefly when *pus* is found, because at present we are inclined to believe that pus cannot be re-absorbed, and, therefore, if in any part of the body a collection of pus is doing harm, it should be removed.

One reason I deny, and that is that taking out a part decreases the tendency for the rest to become pus. This I deny altogether, and think that fluid which is serum at one time would not turn into pus at another, and if you leave it alone it will remain as serum. It is much more likely to turn some of it into pus by taking out the rest.

An excellent reason, and one that I want to impress, is that it is dangerous to leave the fluid in. It used not to be uncommon for people to come in with fluid in the chest and hardly know there was much the matter with them, go to bed and suddenly die.

There is no need to *urge* the removal of fluid, but rather the letting it alone.

Another theoretical reason is that if part of the fluid be removed so as to relieve the tension and consequent blocking of the lymphatic channels, the rest is then much more readily absorbed. This idea is due somewhat to the fact that people have not sufficiently recognised that the lung is still compressed after aspiration, and the improvement they find is the gradual expansion of the lung.

It is wrong to remove it sometimes—as for instance when, under certain circumstances, it will re-accumulate, and so the patient will be in a worse condition than he was before, on account of loss of nourishment.

There are two conditions which come under this class.

1. When there is a *fever*, as everybody agrees that you should not aspirate while the condition that caused the fluid is still there.

There was an interesting case of Dr. Hale White's, in which he was able to record the actual rate of secretion of the fluid. It was Bright's disease with general anasarca, and by collecting the fluid from time to time and dividing it up according to the hours or minutes

that had elapsed, he could tell how many ounces were secreted in an hour.

Again, may we not suggest that the lung will recover itself much better if the fluid is re-absorbed drop by drop than if two or three pints are abstracted in as many minutes.

2. Another case is when the patient is dying; here fluid should not be removed. Of course, if the patient is dying from the presence of the fluid, by all means draw it off; but where they are dying from uræmia or some general dropsical condition, leave it alone. Do not let the fear of what the post-mortem people may say have any weight with you; the sudden change of the circulatory apparatus may cause death of the patient.

Another reason against aspiration will largely disappear as better instruments come in—as for instance, syringes that can be intensely heated, and so absolutely sterilized. These are, however, at present, very expensive. With the ordinary syringes, although we fill them with carbolic and use every care, it is exceedingly difficult to be quite sure that a long, nasty tube is absolutely aseptic.

If we are going to remove the fluid, the question is *how* to do it.

There are, practically, only two ways, although several methods of conducting each.

1. *Free incision*, that is, making an opening and leaving it open.

2. *Aspiration.*—The great difference is that if you relieve by aspiration you must leave some behind, and so the question is, will the residual fluid be absorbed; *if it can*, aspirate; if *not*, make a free incision—that is, aspirate for serum, make incision for pus. But the difficulty arises, "What is pus?" as, for instance, in the case I referred to, sent in by the Charities. They said it was empyema. We inserted a syringe and drew off a kind of sero-pus—there certainly were a lot of pus corpuscles in it. We left it alone, and then the patient had a rigor which made us perfectly certain she had pus. Having made up our minds about this, we again tried to aspirate, and got nothing at all, and presently the pus quite disappeared. We cannot, then, make any hard and fast rule. With downright pus or serum the case is clear; but with the intermediate fluids, sometimes aspiration and sometimes free incision may be practised, and, judging by this single case, sometimes they may be left alone.

ABSTRACT OF A LECTURE BY DR. STARLING ON THE PHENOMENA OF COAGULATION OF THE BLOOD.

Having pointed out that any theory accepted as explaining coagulation must also explain why it is that coagulation does not normally take place within the blood vessels, the lecturer went on to say that *Hewson*, in 1772, considered that coagulation of the blood depended on the plasma, not on the formed elements. In his experiments he used the blood of febrile patients—slow to coagulate. The corpuscles settled on standing and the plasma remained above, which he obtained by skimming it from the surface. The plasma thus obtained coagulated spontaneously. He also demonstrated the inhibitory effect on clotting, of the walls of the blood vessels, by his well-known so-called "living test tube" experiment; a part of the jugular vein of the horse with its contained blood was excised between two ligatures, and the blood remained fluid for a long time.

In 1845, *Buchanan* approached the subject, using as material serous exudation fluids which coagulated spontaneously or not, according to the conditions under which they were obtained.

He found that they always clotted if to them was added, either blood, or washings of blood clot; he compared the action of these substances to that of rennet in coagulating milk, being the first to designate clotting as due to "ferment action."

In 1859, *Denis* obtained plasma by adding to blood one-seventh its bulk of sodium sulphate; clotting was thereby inhibited, and the corpuscles having been allowed to subside, the plasma was separated and saturated with common salt; a precipitate formed which he termed plasmine, and which he dissolved in water; the solution thus obtained was found to be spontaneously coagulable; the serum contained proteid. Thus he said the plasmine had split up into two factors in the process: 1. Insoluble fibrin (in the clot). 2. Soluble fibrin (in the serum).

In 1861, *Schmidt* shewed that the plasmine of Denis contained two substances which he separated and named *fibrinogen* and *paraglobulin* (or fibrinoplastic substance).

He demonstrated that the non-coagulable serous exudation fluids—which he termed *proplastic fluids*—coagulated speedily on the addition of serum or defibrinated blood, or even of paraglobulin alone, from which he deduced that *clotting depended on the interaction between fibrinogen and paraglobulin.*

Subsequently, he found that the addition of a purified solution of fibrinogen to a purified paraglobulin solution did not result in clotting, which, however, immediately ensued on the addition of a small amount of blood. Endeavouring to discover the third substance thus shewn to be necessary, he precipitated serum with alcohol (frequently changed), allowing it to stand under this reagent for a month. By this means, nearly all the proteids were coagulated. By extracting with water he was able to obtain a solution containing minute traces of proteid—in some extracts no proteid could be found—yet on the addition of this to a mixture of paraglobulin and fibrinogen (which would not clot spontaneously) clotting quickly followed. The serum from this clot could be used to cause clotting in a second mixture of the above nature, the serum from which, again, could be used in the same way. There was, however, slight using up of the third substance, which was probably not due to its interaction in the process of clotting, but might be explained as the result of "wear and tear."

In 1872, therefore, his theory read thus:—

Coagulation is the result of interaction between fibrinogen and paraglobulin, brought about by fibrin ferment, which latter is a disintegration product of the leucocytes which break up on the shedding of blood.

In 1878 *Hammarsten* proved that clotting would take place without the presence of paraglobulin. Criticising the method of obtaining "pure" paraglobulin and fibrinogen by Schmidt's method, he said that it did not effect what it professed to do: The method of Schmidt consisted in passing CO_2 gas through plasma, diluted 15 times with water for some hours, filtering off the precipitate which formed, viz., *paraglobulin;* diluting further with water and again passing CO_2 when a precipitate of *fibrinogen* was formed. Hammarsten's method consisted in adding to plasma (from horses' blood) 13—16 per cent. of sodium chloride, or what is equivalent, an equal volume of a saturated solution of the same in water, when a precipitate formed, viz., *fibrinogen,* which could be filtered, re-dissolved, re-precipitated and thus, he considered, purified. By addition of 20 per cent. NaCl to the first filtrate, *paraglobulin* was precipitated (although not completely, even by saturation). He found that a solution of fibrinogen, prepared as above, clotted on the addition of fibrin ferment *without the presence of paraglobulin.* Hammarsten put forward his theory which for a long time was the one generally accepted, and was as follows:—*Clotting depends on the action of fibrin ferment on fibrinogen which is converted by it into fibrin.* He, however, recognised that paraglobulin had a subsidiary action, for the clot was always greater when the latter was present; he supposed that it combined with and rendered inert certain substances which inhibited clotting.

It should be observed that all the theories put forward previous to and including Hammarsten's were test-tube experiments—experiments on dead, not living, substance—experiments which were therefore not physiological. That they do not apply to the living blood is shewn by the fact that injection of fibrin ferment into the circulation does not produce clotting; according to the above theories it certainly should do so, for they assume that fibrinogen is present, as such, in the living blood.

Schmidt conducted experiments on the subject, and in all cases where the fibrin ferment was pure no clotting took place. If, however, impure material was used, clotting occasionally occurred. Now, Schmidt made the unwarrantable assumption that pure solutions could not be obtained sufficiently concentrated.

(To be continued.)

"EL DORADO."

O mortals who toil and haste along—
An eager, struggling, endless throng,
Restless, adventurous pioneers—
O'erburdened with anxious hopes and fears,
Striving in vain long weary years
To reach your El Dorado!

Soon, soon to your hopeful hearts it seems,
Ye must reach the goal of your longing dreams,
And gaining some arduous hill-top high,
Behold in the valley beneath you lie,
Bright with the glow of the western sky,
Your long-sought El Dorado.

But know ye not, that as planets bright,
Your hopes are an inaccessible height?
Each success but gives birth to ambitions new;
Each step but discloses a wider view;
And hope tints each dream with a rosier hue,
As she whispers of El Dorado!

But though the dream be ne'er fulfilled,
Let not your eager hearts be chilled;
Shrink not from fortune's doubtful call,
For 'tis better, far better, to fight and fall,
Than, for fear of defeat, not to fight at all,
To win your El Dorado!

Then cease to repine at your endless strive,
For desire and hope are the salt of life,
And with full success these both would fade;
Life would grow weary and drag and jade;
And an ever-thick'ning, chilling shade
Would fall o'er your El Dorado.

O toiling hands! O restless feet!
O hearts that with eager pulses beat!
Rejoice that ye *can* thus onward press,
For brave efforts, themselves, are true success;
Then see ye not your own blessedness?
Ye are *now* in El Dorado!

P. L.

A CASE OF INTESTINAL OBSTRUCTION.

G. B., a porter, aged 46, was admitted into St. George's Infirmary, at 5 p.m., on November 28.

History.—Patient was quite well the day before admission, and ate a hearty supper at 8 p.m. Before retiring to rest at 2 a.m. he was seized with sudden pain in abdomen, which was extremely severe. As he says, "It doubled him up" and made him "roll about on the bed." One hour after onset of pain he vomited, and this symptom continued with increasing severity till admission. Bowels had not acted for three days.

On admission patient was severely collapsed, with anxious countenance, sunken eyes, cold, clammy extremities, small, thready pulse of 120, and subnormal temperature. He vomited every few minutes, the vomit consisting of thin reddish fluid, in large quantities, and with a very foul smell. Severe pain was complained of in region of umbilicus, and there was slight general tenderness of abdomen. In right iliac region and extending up towards umbilicus, a distinct, rounded, ill-defined swelling could be felt. It was fixed, resonant on percussion, and seemed to merge gradually into surrounding parts. No peristallic movements were visible; there was no tenesmus, and the rectum was empty.

Treatment consisted of hot bottles and blankets, with brandy per rectum. He rallied very little, and although operation was refused, the patient was hardly in a condition to warrant interference. He went from bad to worse and died at 9.55 p.m., five hours after admission and twenty hours after commencement of the attack.

Post-mortem.—Small amount of fluid in abdomen; no lymph. Occupying the position of the tumour felt externally, was a large loop of ileum, about 2½ feet long, distended and of a purpleish colour, and constricted at its narrow pedicle by a very tight, narrow band. The origin and arrangement of this band it was impossible to make out at the time, on account of the tightness of the constriction and the distension of the neighbouring coils; but after soaking the parts in spirits for some hours it became evident. A diverticulum, coming off from the ileum, about 3 feet from its lower end, had formed a loop round the coil of intestine, and then its free end had passed through the loop thus formed between the entering and emerging parts of the gut. The encircling part of the diverticle was round and band-like; but the free end which protruded through the loop was dilated into an ampulla-like projection, and almost gangrenous in appearance.

POINTS OF INTEREST.

1. *Cause.*—Meckel's diverticulum, which is remains of vitelline duct, is found either as a cord running up to umbilicus or attached to mesentery, &c, or else with its free end unattached as in this case.
2. The presence of a tumour externally, not often found in these cases.
3. Rather short duration—twenty hours.
4. The troubles that would have been met with had an operation been undertaken.

The specimen will be found in the Pathological Museum.

CHARLES POLLARD.

POISONING BY LIQ. ATROP. SULPH. (B.P.)

The evidence of prolonged thieving closed round M. C., æt. 22, at 1.30 p.m., April 28. She is known to have taken no dinner. As nearly as possible at 3.5 she was seen scrubbing near the door of my surgery.

About 4.5 her mistress wanted her, and as the bell was not answered, went to find her, and not succeeding down stairs, looked into her bedroom. She was there, lying across the bed in a slanting direction, heels over the edge, as though she had thrown herself down suddenly. Her clothes were at once unfastened, and she was drawn up in bed and shouted at to rouse her; but she was insensible, the arm by which she was raised was not at first quite stiff, but there was no bend in her back. At 4.15 about I came in, and my wife immediately called me upstairs, and said, "I am afraid this girl has been taking poison." I said at once, "It looks like belladonna." The eyes were staring and all pupil—almost insensitive to touch.

She was not conscious enough to swallow a sulphate of zinc draught which I got at once, but bit a piece out of the glass measure. I therefore injected some apomorphia in the arm, and in a very few minutes about half-a-teacupful of clear, slightly brown fluid, without any smell, was violently ejected. The pulse was very quick, but not strong or bounding. The face was pale, and about upper part of nose and forehead almost livid.

Having obtained the kindly assistance of my colleague, Dr. Simpson, with great difficulty, on account of the spasm of the jaws, we opened the mouth and passed the stomach-pump tube—the flat plate of some false teeth made the matter very difficult, and the teeth were taken out.

The stomach was well washed out—no food came—and nothing characteristic. An ounce of brandy was injected before withdrawing the tube. This being done, I had time to look over my surgery shelves, and was not long in discovering that an ounce bottle of Liq. Atrop. Sulph. (B.P.) was empty (except 10 minims, as afterwards measured). This I had used the previous morning, and am certain that not more than two drachms had been used. This was confirmed afterwards by the girl shewing my wife how full the bottle was when she drank it. I do not, of course, know that none was spilled by her.

Some pilocarpine was subcutaneously injected, and 6 oz. hot coffee into rectum. At times until 9 p.m, the breathing was very bad, and would, I think, have ceased had I not used artificial respiration to keep it going. After this time it was more regular, and the coma more like a natural sleep, and the bad breathing did not recur.

At midnight some warm milk, with half-an-ounce of brandy and some tincture of jaborandi, was given through a soft catheter passed through the nose down to stomach. A slight cough as each quantity passed down the tube was all the notice taken of the feeding—the conjunctivæ quite insensitive.

The pulse was very quick—not less than 120 all night, and was very irregular, and at its worst about 1.30.

There were occasional startings of limbs during the night, and of mouth and alœ nasi. No delirium so far.

At 3 a.m. she turned on her side.

I did not leave her for more than ten minutes till 4.30 a.m., and then on attempting to pass the nasal tube for some beef-tea, she resented the interference and sat bolt upright, talked incoherently, was awkward, wanting to get out of bed, &c. After an hour in this position, half sleeping on her mistress's arm, she drank the beef-tea and lay down. The further recovery was gradual, and she was down stairs—though tottery—for a short time on April 30. The front half of tongue looked dry, like a bit of leather, in the early evening of 28th, and the epithelium was shed in two or three large pieces next day. No urinary trouble.

W. A. E. WALLER.

THE DIAGNOSIS OF EARLY AND ABNORMAL CASES OF SCARLET FEVER.

This is an important part of every medical man's duties, and although I can adduce nothing fresh, perhaps the following notes of cases and facts under personal observation may be useful. Dr. Phillips has kindly allowed me to use the clinical reports.

There is no pathognomonic sign of Scarlet Fever. Pyrexia is almost invariably present, but I have seen an undoubted case where the temperature never rose above 98.4°.

The rash is extremely variable; it is sometimes found on the front of the arms, buttocks, or elsewhere, when not present on the chest. A suspicious case should be examined all over. Roughly speaking, the cases vary in severity according to the amount of rash present. A yellowish tinge is of grave prognosis, and shows extreme poisoning and blood disintegration. A slight rash, although it usually points to a slight attack, often means a very slow desquamation. The rash may often be found on the front of the elbows when it has disappeared elsewhere; in fact, all flexures should be carefully examined.

If a stethoscope be lightly pressed on the chest, the area enclosed becomes hyperæmic, and should a rash have been present lately, it will become well marked on this area.

The much-despised Ehrlich's reaction is sometimes useful, and it always shows well in measles, usually in rötheln, but never with scarlatina.

A rash on the face alone is very much against scarlet fever, although a flushed face with circumoral pallor is very characteristic, especially in children.

Desquamation.—This may occur after rashes, apart from scarlet fever. A case was admitted into the London Fever Hospital, with a well-marked pink rash who afterwards peeled in the usual manner, but this proved to be due to quinine, which patient had been taking in large doses before admission.

It may be extremely protracted, especially in those cases which get into a low septicæmic condition.

Kenneth G., æt. 12. Patient was quite well up to January 20th, when he had a sore throat and headache; worse next day; doctor then sent him up here as a case of scarlet fever.

Condition on admission.—Fauces congested; tonsils red and swollen; tongue has slight white fur; heart and lungs normal; strawberry tongue; slight sore throat.

Rash.—Small, pale red, acuminate; collected in closely packed clusters about as large as a sixpence; intervening skin healthy; most abundant on face where adjacent patches almost coalesce; also present on front of fore arms and in groins, but is very slightly marked in these situations; no rash on chest; temperature 99·6°.

Jan. 24.—Rash almost gone; tongue furred; tonsils not so swollen.

25th.—Rash has gone; patient feels quite well; tonsils still big; tongue furred, but not peeling.

26th.—Tongue feeling very much like an ordinary scarlet fever tongue; tonsils still large. (I should like to draw attention here to the fact that these are very commonly indeed—I should say in 50 per cent. of cases over 12 years of age—a history of chronic enlarged tonsils). The patient was kept carefully isolated for six weeks, and sent out without a definite diagnosis being made. He never peeled except on arms.

John E., æt. 4. This was sent up as a case of scarlatina with diphtheria; temperature has not risen above 98·4°.

March 24th.—On admission, face is very flushed; peeling on cheeks; there has been some discharge from the nose; tongue is coated with yellowish white fur, and is cleaning; patch of membrane size of a shilling on left anterior pillar of fauces; heart and lungs normal; there is a well marked papular red rash (which came out on 22nd) on chest; there are several rings, more or less complete, on back between scapulæ where rash is almost confluent; several papules on lower part of chest; abdomen is free. On front of both thighs, just above knees, is a well marked erythematous rash with definite edge; it fades on pressure. The child seems quite well except for some slight sore throat, and slight pain at angles of jaw where the glands are a little enlarged and tender; temperature 99°.

25th.—Erythematous rash much more marked, especially all over front of chest, and back rings about the size of a sixpence. Rash on front of knees has now subsided to a kind of staining, but is still well marked on inside and back of thighs. A few spots on abdomen.

26th.—Rash has now almost gone from face; very well marked on both shoulders as far as insertion of deltoids. Throat clean.

28th.—Rash has gone. Child quite well. No peeling.

James C., 16.—Patient had influenza 14 days ago.

March 17th. Sick while at school. Came home; went to bed with sore throat.

18th.—Rash on chest. Patient has a peculiar sallow look; very sick; pulse 130; temperature 102·8°. Spray of hyd. perchlor., brandy, port.

19th.—Rash very well marked; sallow tinge. A large number of small pustules have formed on chest.

20th.—Tongue clean; fauces still much infected; temperature 103°.

21st.—Minute traces of albumen; temperature 105°.

22nd.—Rheumatic pains in elbows; very restless; yellowish tint; vomiting very obstinate. Champagne and cocaine wine tried, but vomiting only stopped by a hypodermic injection of morphia. He continued very restless, and died quite suddenly at 6.15 p.m.

S. FLOYD.

ON URÆMIA.

[Read before the Physical Society of Guy's Hospital, January 21st, 1893.]

(Concluded.)

To discuss each of these conclusions would, I fear, lead me far beyond the limits of my time and of your patience, but some of the points, I venture to think, merit our full consideration, for they throw new light on many dark corners of the subject. Let us consider first the antagonistic actions of the poisons excreted at different times during the twenty-four hours. What the toxic substances are Bouchard does not attempt to say, but that they are antagonistic he showed in the following way:—The toxicity of the urine collected after sleep was estimated by its effect upon rabbits; similarly that collected during waking hours. The latter was found to be more rapidly poisonous than the former. The two quantities of urine were then mixed together, and found to be far less deadly, when injected into rabbits, than either constituent. Moreover, the night urine is found to be convulsive, the day urine coma-producing. These facts will, I think, help to explain why the uræmic manifestations vary so considerably in the same patient at different times, the patient being at one time convulsed, at another comatose, for the symptoms are not due to one constant cause, but to varying toxic agents.

Secondly, let us look at the way in which the organism gets rid of the poisons which it produces. The first great filter is the liver, which in some way or other destroys many of the products of intestinal decomposition. We have seen that uræmic symptoms occur when the functions of the kidneys are abrogated, and we also know that in acute diseases of the liver, such as hypertrophic cirrhosis and acute yellow atrophy, a similar condition, termed cholœmia, occurs, characterized by delirium, convulsions and fatal coma. May we not from this comparison conclude that in severe renal or hepatic disease, the kidney or liver cannot get rid of their respective portions of the poison produced by the economy, and therefore uræmic or cholœmic manifestations occur.

Leaving the chemical theories for the present, I will next discuss very briefly those which refer the phenomena to organic disease of the central nervous system. Osborne, a contemporary of Bright, considered uræmia to be due to an arachnitis, because in one case he found the arachnoid membrane opaque. Traube, in 1871, ascribed the nervous symptoms to cerebral anæmia and œdema, which he professed to find post-mortem in *all* patients dying of uræmia. Exact determinations of the total solids of the brain in uræmic patients, however, have since shown that the water is certainly not increased in all cases; indeed, no departure from the normal can, as a rule, be detected. Some experiments in support of the theory cannot, however, be disregarded. Raymond excised one of the inferior cervical ganglia of a rabbit, and then tied both ureters. Convulsions occurred on the opposite side of the body to that on which the ganglion had been excised, and the brain was found somewhat œdematous on the same side as the operation, the inference being that the vessels of that side of the brain not being under the control of the sympathetic, dilated and caused œdema. An equally fair deduction would appear to be that more poison gained access to that side of the brain.

The late Dr. Sutton, in his "*Lectures on Pathology*," states that degenerative changes may be found in the brain and cord of patients dying of uræmia. He describes collections of colloid, albuminoid matter, scattered leucocytes, and exudations of red blood corpuscles. Also one often finds small cysts and other signs of the remains of old hæmorrhages. He considers that the changes found are often such as, in the absence of Bright's disease, are attended by epileptiform or apoplectiform convulsions, or by muscular spasmodic movements without loss of consciousness, and that such decay being present, the failure of the renal function further weakens the diseased structures and uræmia supervenes.

Thus far I have given a brief, and I am afraid a very incomplete, resumé of the chief views which have been held with regard to the true origin of uræmia. From the evidence derived from the so-called experimental uræmia, it would appear that the uræmia of Bright's disease cannot be produced by the sudden or rapid accumulation within the system of the products of urinary excretion. On the other hand, Traube's view that uræmia or œdema of the brain alone gives rise to the symptoms, is not upheld by post-mortem facts. There is, I believe, a third view we can take—we may combine a chemical and an organic theory. Bright's disease is not a local disease of the kidneys only; it is accompanied (preceded or followed if you prefer) by a chronic degenerative change in the arteries, and by a gradual structural decay of the whole system. Moreover, we are gradually beginning to learn something about a hitherto unsuspected function of the kidney. Rose Bradford has found that after excision of about $\frac{4}{5}$ of the total kidney substance in dogs, the amount of urea excreted by the remaining $\frac{1}{5}$ is enormously increased instead of being diminished, pointing to some influence of the kidneys upon nitrogenous metabolism

Bearing these facts in mind, I think it is fair to suggest that, in consequence of the degenerative changes in the tissues, and also possibly in consequence of the impaired action of the kidney on metabolism due to nephritis, new products of tissue waste are thrown into the blood. These cannot be excreted by the diseased kidneys, and are free to act on the central nervous system, which itself, as Sutton pointed out, is often in a condition of "Gross Structural Decay." If we could accept without question Sutton's statement that uræmia never occurs unless symptoms of acute nephritis are present, it would be tempting to ascribe the whole sequence of events to the action of micro-organisms. Kidney fever would then be analogous to splenic fever, a local focus for the disease, and a general blood poisoning, complicated however by the fact that the diseased organs are also the means of exit for the products of metabolism of the micro-organisms. Their decay, beyond a certain point, means accumulation of their products up to a dose sufficient to act upon the central nervous system, and produce the train of uræmic symptoms.

The next question is: do these pathological considerations afford us any indications as to treatment of the symptoms? I think if we turn to Bouchard's analysis of the pathology we shall find indications enough and to spare; the difficulty is to carry them out. I am sorry to say that my personal experience of the treatment of uræmia has been very slight indeed, so I hope to learn a great deal in this respect from the discussion among the more experienced present.

Firstly.—Can we limit the introduction of the poison into the system? We can employ the simplest form of food, especially milk. Bouchard states that the urine of human beings on milk diet is less toxic than on any other. If we believe in the toxicity of potassium salts, we may withold them from the food. Then with regard to absorption from the alimentary canal, we may employ intestinal disinfectants, the most useful being animal charcoal in ʒi. doses night and morning. We know of no means of controlling the formation of the products of tissue degenerations, and these, as I pointed out, are probably by far the most important.

Secondly.—How are we to withdraw the poison from the blood? Venesection seems a weak thing to do, for at most we can only remove a small proportion of the poison in the 16 ℔ or so of blood drawn off. In some way or other, however, it does undoubtedly in many cases relieve the urgent symptoms. I have notes of cases from the Reports which show conclusively that coma may be temporarily relieved, and convulsions prevented by free venesection, and, in some cases, subsequent transfusion. Free purgation is of great value in some cases, and in this respect uræmic diarrhœa is conservative. Carter mentions a case in which uræmic convulsions set in with the cessation of the diarrhœa, were stopped by purgation, and recurred with another attack of constipation. Free diaphoresis is undoubtedly of value. Hot air or vapour baths may be given, and injections of pilocarpine are frequently employed. Neither method of inducing diaphoresis is without danger. Convulsions sometimes occur during a hot air or vapour bath, due possibly to the sudden dilatation of the central vessels. Pilocarpine may seriously embarrass respiration by causing congestion and œdema of the lung, and increasing the bronchial secretion; these untoward effects may, however, be removed by subcutaneous injections of atropine.

Thirdly.—Have we any means of destroying the poison? Bouchard observed that the urine was rendered less toxic by hard work in the open air. A similar effect was produced by the inspiration of compressed air for a time. From these facts it follows that active exercise and inhalation of oxygen might be beneficial if practicable. Another possible chance of getting rid of the poison is by means of the liver, which should, therefore, be maintained in good working order.

Fourthly.—Can we in any way antagonize the poison? or can we even overcome the symptoms? As we do not know what the poison is, we cannot very rationally hope to find a chemical antidote, but certain symptoms can be combatted. The fits can be controlled by the inhalation of chloroform or by injection of chloral. For the early symptoms of chronic uræmia, headache, lassitude, etc., benzoate of soda in 20-grain doses is very useful. Until recently, morphia has been rigidly tabooed in the treatment of patients suffering from kidney disease, because fatal cases are said to have followed the administration of even the smallest doses of the drug. In 1889, Dr. Stephen Mackenzie read a paper before the Medical Society, in which he strongly advocated the use of morphia in cases of chronic uræmia, especially in those in which there was marked dysphora. He states that the dysphora, headache, and sleeplessness are rapidly removed by doses of 10 minims of liquor morphinæ. The drug presumably acts by relieving the spasm of the blood vessels.

Finally.—What prognosis can be given in cases of uræmia? On the one hand, a fairly hopeful view may be taken. Recovery may take place from every form, except the apoplectic, in which the patient is struck down suddenly and dies in a few minutes. On the other hand, the uræmia of chronic Bright's disease is a very serious, and in the end usually fatal, condition, for though a patient may be safely tided over an acute attack of convulsions and coma, by the judicious use of diaphoretics, purgatives, venesection, etc., the diseased kidneys remain, and the symptoms are nearly certain to recur in one form or another. The chronic form, especially the quiet stupor and typhoid condition, is perhaps the most fatal on account of its resistance to treatment.

J. A. HOWARD.

ACKNOWLEDGMENTS.

Cambridge Review, III. Hospital, III. Corpuscle, April. G. P. Ballad. Diseases of Women, Lewers. Indian Medico-Chirurgical Review.

Passim.

The following appointments have been made by the Treasurer upon the recommendation of a Staff Meeting. Duties to commence on October 1st, 1893. Senior Demonstrator of Anatomy: L. A. Dunn, Esq., M.S. Demonstrator of Anatomy with Biology: J. H. Targett, Esq., M.S. Demonstrator of Anatomy: A. D. Fripp, Esq., B.S. Senior Demonstrator of Biology with Physiology: H. J. Campbell, Esq., M.D. Medical Registrar: J. H. Bryant, Esq., M.D. Surgical Registrar: A. T. Rake, Esq., M.B., B.S., F.R.C.S. Ophthalmic Assistant: J. W. Smith, Esq., M.R.C.S., L.R.C.P. Demonstrator of Dental Microscopy: J. Mansbridge, Esq., M.R.C.S., L.R.C.P., L.D.S. Dental Tutor: R. W. Rouw, Esq., M.R.C.S., L.R.C.P., L.D.S. Demonstrator of Dental Mechanics: H. L. Pillin, Esq., L.D.S.

Dr. Stevenson has been elected an honorary member of the Pharmaceutical Society of Great Britain.

We hear whispers of several benefactors who would like to do something to make our very excellent Field and Pavilion at Honor Oak Park still more perfect. So we have consulted the authorities. Here is a first list for consideration. A balcony and scoring-box in front of the Pavilion; a large clock that might be seen from all the field; trees and shrubs; and match-boarding for the dressing rooms.

Before this note appears in print, we are told that a member of the Staff has offered to fill the want first mentioned in the list. A balcony will certainly add immensely, both to the appearance and the comfort of the Pavilion.

We call the attention of our readers to the notice that the examination for the Charles Murchison Scholarship in Clinical Medicine at the University of Edinburgh is fixed for the 13th and 14th of July next. The Scholarship, which is of the value of 20 guineas, is tenable for one year, and is open to any student of medicine who during a period of not less than four, nor more than six years has been a registered medical student in attendance at classes or hospitals in Edinburgh or London, recognised by the Medical Faculty of the University of Edinburgh, or by the Royal College of Physicians, London, and whether holding a medical qualification or not. Intending candidates are requested to send in their names, with evidence of their qualifications to compete, to the Dean of the Faculty of Medicine, University New Buildings, Edinburgh, not later than July 3rd.

The Annual Dance, on May 17th, was again an unqualified success, and, if possible, eclipsed those held previously: a fact due in some measure to the presence of rather fewer dancers.

We must again heartily thank the Treasurer and Mrs. Lushington for their kindness in lending us their charming suite of rooms, and for receiving the guests. We must also thank the Lady Patronesses for the trouble they took in the proceedings.

Messrs. Fisher and Sheen are to be congratulated on the success which attended their efforts, and deserve the thanks of all present for their energy and care in carrying out all the arrangements.

The Second XI. have hitherto played three matches, in all of which they have been successful. The first match, on May 6th, *v.* Lee (Granville) was won by 94 to 82 (Yorath, 22; Anderson, 20; C. H. Fagge, 16). Yorath took 7 wickets for 36, and Loud was brilliant behind the sticks. The next match (the first played by the Second on our new ground) was a much greater beating. The Old Cranleighans made 75 (Gilbert, 38). Spriggs' analysis was 7 for 20. Guy's then made 243 for 3 wickets (Tuck, 45; Hewetson, 78; Alexander, 62 not out; C. H. Fagge, 40 not out). Th third match, also

played at Honor Oak, took place on May 20th. Guy's won the toss and made 143 for 6 wickets (Shorland, 25; Perks, 23; R. H. Fagge, 18; C. H. Fagge, 46 not out); when the innings was declared closed. Our opponents, King's College Hospital, then went in and made 90: Spriggs getting 6 wickets for 31. After this they followed on and made 40 for 3 wickets at the call of time.

The Treasurer writes to inform us that in response to the appeal published in the Gazette, the sum of a hundred guineas has been raised for a testimonial to our late Matron. The following letter has been received by Mr. Lushington in acknowledgment of her testimonial.

May 2nd, 1893.

My dear Mr. Lushington,—Will you allow me to make you the medium of returning my thanks to all my kind friends for their munificent gift, as well as for the kind words which accompanied it.

I have been trying to find out what I could have done to merit so much goodwill, but it is in vain for me to do so. I can only accept the gift, feeling very unworthy, but very grateful, for so much kindness.—Believe me, dear Mr. Lushington, yours very faithfully,

VICTORIA E. JONES.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—May we ask you to be kind enough to publish in the Gazette, for the information of the members of the Clubs' Union generally, the following copy of a circular letter, which has been addressed to the Secretaries of the constituent institutions, giving notice of a proposed alteration in the rules of the Union.—We are, Dear Sir, yours faithfully,

LAURISTON E. SHAW,
H. COOPER, } *Hon. Secs.*

In accordance with Rule 22 of the Clubs' Union, a meeting of the Council will be held not earlier than June 15th, 1893, when the following alterations in the Rules of the Union will be submitted for confirmation.

To Rule 16, before Note A, add—

"Students who enter the Hospital as Third Year's Students, viz., who have passed the Second Conjoint or other equivalent examination before entrance, shall be entitled to life membership by the payment of four consecutive annual subscriptions of £2 2s., or by payment on entrance of a composition fee of £6 6s.

"Students who enter for the Dental Course only shall be entitled to life membership by the payment of three consecutive annual subscriptions of £2 2s., or by payment on entrance of a composition fee of £5 5s."

In Note A, Rule 16, for "during the first five years only of their membership," *read*—

"During such a number of years only from the commencement of their membership as they would be required to pay in annual subscription in order to be entitled to life membership."

Dear Sir,—As there is no general meeting of the Clubs' Union at which a vote of thanks can be passed, might I through your columns express what I am sure all members must feel, the indebtedness of the Union to those of the Council who are retiring from active service. Probably in no future year of its existence will the work of the Council of the Union be so heavy as it has been this last 18 months, and Messrs. Fisher, Skinner, Shorland and Leathes having done their fair share of it, have earned, and I am sure receive, the best thanks of the members for their labours.—I am, yours truly,

HON. SEC., CLUBS' UNION.

CALENDAR OF COMING EVENTS.

May 27th.—1st XI. *v.* Tunbridge Wells, at Brockley.
,, 27th.—2nd XI. *v.* Old Yverdonians.
June 1st.—1st XI. *v.* Bickley Park, at Bickley.
,, 1st.—July Appointment List opened.
,, 3rd.—1st XI. *v.* Eastbourne, at Eastbourne.
,, 5th.—Last day for applying for Form of Entry for Inter. M.B. Lond.
,, 5th.—1st XI. *v.* Surrey Club and Ground, at the Oval.
,, 7th.—2nd XI. *v.* Christ's College, at Finchley.
,, 7th.—Examination for Treasurer's Gold Medals begin.
,, 8th.—Last day for applying to Medical Office for Second Conjoint Schedules.
,, 8th.—July Appointment List closed.

APPOINTMENTS.

Clowes, Mr. N. B., having resigned the post of H.S. to the Royal Berks Hospital, was appointed Medical Officer to the Reading Dispensary.

Howse, H. G., M.S., M.B., has been appointed Examiner in Surgery at the University of London.

Lucas, R. Clement, M.B., B.S., has been appointed Examiner in Anatomy at the University of London.

Metcalfe, G. H., L.R.C.P., Lond., M.R.C.S., has been appointed Medical Officer for the Fourth Sanitary District of the Sudbury Union.

Roberts, E. C., M.R.C.S., has been re-appointed Medical Officer for Southgate.

PERSONAL RECOLLECTIONS OF GUY'S IN THE FORTIES.

IV.

I only saw Bright once, and that was at my first introductory lecture, but I was deeply impressed by his manner and exalted view of the medical profession, so that I am free to confess its influence on me extended over many years. For this and other reasons I believe in the advantage of "Introductories," and I always regretted their abolition at Guy's and other hospitals, and, although to those who have heard two or three times before the remarks and advice may appear stale, still to the Freshman it is new; and it marks a distinct departure from his previous public or private school life, and introduces him to the company with whom he will carry out his new studies. It was objected to them that the interruptions which had of late taken place destroyed any good which they had done; but I believe that this arose from the general practice of the late lecturers not directing their remarks directly to the audience present, but over their heads to the non-medical readers of the morning newspapers; and also to the too great length of the discourse, as well to selection of junior men to give these lectures. But I came much in contact with Barlow, Owen, Rees and Hughes, men of quite a diverse sort, but all agreeing in the one great characteristic of Guy's teachers, namely, of energetic steady devotion to their work, taking great interest in the study of disease, and a delight in imparting their knowledge to the student, taking him, as it were, into partnership in their studies. I can see Hughes, in enthusiastic attitude, almost dancing, having heard a particular sound with the stethoscope, keep his finger and thumb on the chest end of the instrument, hold it steady till the student had placed his head secure on the other end, and then draw away in an attitude of triumph, almost as if he had himself invented the sound. Hughes was very fond of employing Latin phrases. In explaining to the anxious wife the nature and danger of her husband's illness, I once heard him say, "My dear Madam, the disease your husband is suffering from, taken *per se*, is not very serious, but," &c. The poor woman was not a Latin scholar, but she stared in wonder. And Barlow, with his quiet, kind, dignified way I can now see going to a case with James Stocker (who was an excellent observer), where the rash of typhus and typhoid were were intermixed, conning the matter over, pressing with the finger now on one spot, now on another, "interrogating Nature" for half an hour, till Nature said, "And why not?" And they both answered, "Yea, verily!" For in regard to eruptive fevers generally, Nature often tries to puzzle the poor book-student, and quietly laughs at him "Why not?" But the book-student throws all doubtful cases behind him. "Anomalous" he cries, and fails to read their lesson. Rees was full of work, but he took it cheerfully, with a bright word or joke, not in the style once described by an army officer to me of another, "of a man grandly walking into the room saying in manner, 'Here comes the great physician;'" but all the same he impressed one with the idea of "one who knew." His portrait gives one a good idea of him; all were slight built men, and below the average height. Barlow on one occasion was very scandalized by a clerk writing for one patient 20 grs. of strychnine for a dose instead of one-twentieth! He said, "Give me the pen and don't write again for me." In those days students had been previously apprenticed and generally knew or should have known practically their doses. The time spent in an apprenticeship is by no means wasted. One learns not only the doses of drugs, but, more than all, the ways of patients, their odd notions, their foibles, how to steer clear of offending them, all of which will have to be learnt at some time in a doctor's life. This is not the case now, and men leave their hospitals fully qualified except in these particulars, a terror to those practitioners who seek their aid as *locum tenens*, etc. One good practitioner told me he went about in dread for six months lest he should find some patient poisoned by the gentleman he was taking into partnership, a highly qualified gentleman in all other respects.

But to my then student-mind, naturally fond of the study of Nature, there were no lectures which gave me such delight as those of Golding-Bird on "Natural Philosophy." He was terse, precise, never at fault, perfectly understandable, added to which his teaching was dogmatic to a degree. He left one with an impression that he had taught everything that could be known. Now, there is this advantage in this mode of teaching, namely, that the student mind has something which can be distinctly remembered. It is difficult to remember a crowd of opinions, not one of which may be correct. How can one find the true road when the signpost points *more Gladstoniano* in three different ways, unless indeed they were like those ancient ways which all led to Rome. But what Golding-Bird taught was well taught, and had staying power for many a long year—no mean advantage when a man left off learning on leaving hospital—not but that it has its drawbacks, for it is apt to retard further research and tend to fossilize the medical mind. Of this examples are to be found in remote parts, where work for daily bread is incessant, no time being allowed for running through *Lancet*, *British Medical Journal*, not to say *Clinical Journal*, *Medical Magazine*, *Medical Reprints*, *Satellite* and *Therapist*, full of new medicines with twenty-syllable names to each. But my clerkship in the electrical room under him gave one an opportunity, which I believe did not elsewhere occur at that time, of applying electricity practically. For, dear Freshmen, don't suppose there were then constant currents of 100 agglomerate cells, with rheostats, reversers, Fullers' earth pads, gelatine pads, sharp skewers wherewith to drive out the "anima" from an obstinate fibroma; nor Groves nor Eisen-zinc batteries to make red-hot a foot of platinum wire; nor were there any "reflexes" with which to show the power of the fairy-wand, though in that small ward there lay the potentiality of all this, and, speaking as a seer, of much more.

J. BRAXTON HICKS.

PASS LIST.

ROYAL COLLEGE OF SURGEONS, ENGLAND.
FIRST F.R.C.S. EXAMINATION, MAY, 1893.

Handley, W. S.
Harnett, C. J.
Lane, J. G. O.
Moffat, H. A.
Spurrell, C.
Thomas, T, M.

UNIVERSITY OF LONDON.

M.B. PASS EXAMINATION, MAY, 1893.

FIRST DIVISION.

Cresswell, F. P. S.
Bergin, G. F.

SECOND DIVISION.

Braithwaite, C. B.
Hall, E. G.
Hazell, F.
Muncaster, J. H.

UNIVERSITY OF CAMBRIDGE.

THIRD EXAMINATION FOR THE MEDICAL AND SURGICAL DEGREES, MAY, 1893.

PART I.

Day, F. N.
Shillitoe, A.
Stewart, H. M.
Wingate, W. W.

PART II.

Alston, W. E.
Cooper, C. E.
Godson, J. H.
Harris, W. J.
Joyce, J. H.
Luce, R. H.
Roper, A. L.
Still, G. F.

ALTERATIONS IN REGULATIONS FOR THE CONJOINT EXAMINATIONS.

FINAL CONJOINT. (Four and Five years' curriculum.)

An important change has been made and takes effect from the present date in regard to the signing up for these examinations. Hitherto, before presenting himself in any part of the examination, a candidate was required to get a schedule signed certifying that all the Lectures and Practical work required for every part had been completed, and having transmitted this to the Examination Hall, had merely to notify to the Secretary his intention to present himself for examination in any subject. In future, the schedule will be in four parts, one general and three special; Medicine, Surgery, Midwifery, and the candidate will be required to present the general schedule duly filled up and signed on the first occasion of his entrance to the examination, supplemented by the special schedule or schedules applicable to the subject or subjects in which he desires to be examined.

This new arrangement will certainly remove a hardship occasionally experienced, as in the case of a man who is kept back from going in for the medicine examination because he is not signed up for operative surgery, or who is unable to present himself in surgery because he has not been extern. We believe, however, its chief object, and a very desirable one, is to enable men to postpone their course of operative surgery until they are just about to go up for the surgery final, an arrangement which they and their teacher will heartily appreciate.

FIRST CONJOINT. (Five years' curriculum.)

A new regulation has been framed so that candidates may present themselves for examination in chemistry, physics and biology before being registered as medical students. This should give an impetus to the teaching of science at public schools, and with the very desirable result of enabling boys to matriculate at London University without any interval of private coaching.

THIRD CONJOINT. (Five years' curriculum.)

The synopsis of the examination of pharmacology is now issued and will be printed in the small prospectus of the Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

LECTURE ARRANGEMENTS FOR 1893.

CONTINUATION OF LECTURES.

[*Lecture Hour 5 o'clock p.m. precisely each day.*]

JOHN ROSE BRADFORD, Esq., M.D., M.R.C.S. (Arris and Gale Lecturer), Three Lectures on "The Physiology of the Kidney," on Monday, Wednesday, and Friday, May 29th, 31st, and June 2nd.

JAMES HENRY TARGETT, Esq., F.R.C.S. (Erasmus Wilson Lecturer.) Three Lectures on "The Pathology of Tumours connected with the Bladder," on Monday, Wednesday, and Friday, June 5th, 7th, and 9th.

PROFESSOR JONATHAN HUTCHINSON, Junr., F.R.C.S. Three Lectures on "Injuries to the Epiphyses and their Results," on Monday, Wednesday, and Friday, June 12th, 14th, and 16th.

PROFESSOR BERNARD PITTS, F.R.C.S. Three Lectures on "The Surgery of the Air-Passages and Thorax in Children," on Monday, Wednesday, and Friday, June 19th, 21st, and 23rd.

EDWARD TRIMMER, Secretary.

WHIFFS FROM THE SMOKE-ROOM

(With apologies to Mr. BARRIE PAIN.)

"I went round with Mr. Lucas the other day," said the man with the eye-glass, "he was very eloquent on the nomenclature of diseases, he has invented a term for a particular form of glossitis which he is rather proud of; he calls it psitticosis or parrot's tongue."

"There is a more prevalent condition that I know of," remarked the man about town, "which I might term city dryness or stock-broker's throat."

"That raises the whole question of occupations and diseases," said the prosey man, "and emphasized habits after all are the foundations of many diseases. The newest invention invariably brings a new tenor with it, and so we keep apace with the times. Take the telephone, they tell me the exchange clerks' invariably preface their prayers with 'are you there,' and for myself the vagaries of the instrument are such that I find it difficult to find words to express myself properly, more especially as the Hospital one is in such a public place.

There must be many in my position, and I propose to call the result of my difficulty telaphonia, or telaphobia."

"And I propose to call it drivel," said the slack man, "but I don't mind making you a present of 'telaphasia.'"

"There has been very little diverting matter in the medical papers lately," remarked the man in the arm-chair, "I wonder what Dr. Lauder Brunton can be thinking of."

"Perhaps he is afraid of standing on his head in this hot weather," said the slack man.

"He is much more likely suffering from overwork," remarked the truly scientific observer.

"That is a symptom, not a diagnosis," snapped the medical ward clerk.

"Ah, I know where you get that from," said the H.P., "but wait till you have done your second three months; in the meanwhile, have you never seen 'Icterus' on a bed letter in Mary?"

"Perhaps I have," replied the ward clerk, "but then it is a foreign word; now if I have learnt one thing in the past three months it is the value of a foreign word."

"I once went round with your boss," said the slack man, "and I well remember that remark about a diagnosis; he said it was a bad habit to write up a symptom. He stayed about half-an-hour at one bed and then I sloped."

"Naturally," said the H.P., "but what was the case?"

"That I can't tell you, but I remember what he wrote upon the bed letter."

"Well?"

"Neuroses, with gastric complications," said the slack man with a yawn.

"I read a remarkable pamphlet the other day," said the medical ward clerk, 'on the Nature of Epidemic Influenza'; it is by an old Guy's man, too; he says the disease is really an acute pancreatis."

"It came my way, too," remarked the slack man; "it seems a terrible infliction, and affects all the organs except the gravid uterus."

"I am sorry for that," said the overworked extern; for I for one do not get my full share of B.B.As."

"I have almost forgotten the term," remarked the H.P.; "but if you are so keen about 'em you should do it in August. We used to catch 'em in our socks by the score."

"You were not playing in the Past and Present match," remarked the amateur ground man; "it was a pity, because I admire your style—it is so out of date, don't you know."

"Without touching on personalities," replied the slack man, "I may say I was not asked. You see the difficulty. I am like the chrysalis, in a transition stage."

"With this difference, that you seem always to remain in it," interrupted the amateur ground man.

"Without touching on personalities, as I said before," continued the slack man, "in what category would you put me. Like yourself, I am only acting up to the text, 'How to remain a student through life.' Now I ask you candidly, in what tense would you speak of me, the past or the present."

"Oh, if it comes to tenses," said the amateur ground man, sharply, "I think the imperfect is about your form."

"Tu quoque," replied the slack man.

THE HOSPITAL "BLUE."

At a meeting of the Guy's Hospital "Blue" Committee, the following men were given their "Blue" for the season 1892—93.

FOR RUGBY FOOTBALL.

Alexander, K. B.	Hancock, W. I.
Bell, H. T.	Jones, M. P.
Collins, V. E.	Nicholson, C. R.
Covernton, C. E.	Rowlands, R. S.
Dudgeon, H. W.	Shorland, E. T.
Edwards, C. D.	Spon, H. J.
Ensor, J. W.	Stewart, H. M.
Hancock, E. D.	

FOR ASSOCIATION FOOTBALL.

Crosby, E. C.	Lavers, N.
Daniel, A. M.	Lidderdale, F. J.
Fitz-Hugh, R. T.	Murray, C. H.
Frith, W. S.	Pendred, B. S.
Hewetson, H.	Stamford, R. B.
Hibbard, C. E.	

FOR CRICKET.

Bettington, J. H.	Joyce, J. H.
Fitz-Hugh, R. S.	Layman, S. G.
Francis, C. J.	Reid, E.
Hancock, W. I.	Shorland, E. T.
Hicks, H. T.	Stamford, R. B.
Jones, M. P.	

FOR TENNIS.

Fisher, W. H.	Webb, G. B.
Hancock, W. J.	

FOR ATHLETICS.

Bell, H. T.	Munro, H. A.
Dudgeon, H. W.	Scott, E. N.
Lowe, P. R.	

Senior men, and men who are still in their year, and who have represented the Hospital in Inter-Hospital Cup Ties or Competitions during Seasons other than 1892-3, and wishing to wear the "Blue," must make written application, at their earliest convenience, to the Hon. Sec., who will lay their names before the Committee. Applications will be acknowledged in the GAZETTE.

H. HEWETSON,
Hon. Sec. "Blue" Committee.

Sport.

THE RUGBY FOOTBALL SEASON, 1892–93.

A representative of the "GAZETTE" having recently solicited an interview with the captain of the Guy's Hospital Rugby Football Club, his request was cordially acceded to, or these lines had not been written. "Rugger" was accordingly received in Mr. Shorland's large and genial manner in the smoking room. The season's work was exhaustively reviewed by the interviewed and hurriedly put to writing by the interviewer, whose first efforts in this direction now appear in these columns. To the question, "Do you consider the season just concluded a successful one and up to the usual standard?" Mr. Shorland replied with pardonable pride, "Decidedly I do. Though our record is not such an one as the Newport Club can boast, we have every reason to be satisfied with our work. Of such wins as that of Croydon and Rosslyn Park, we cannot but feel proud, whereas several of our losses, such as Kensington and Middlesex Wanderers, were due to our inability to raise a representative team, owing largely to the prevalence of *Impetigo Contagiosum* amongst the forwards, and injuries sustained by Jones, Hancock, and Bell behind."

"With regard to cup ties there is I suppose much to be said?"

"Yes; after badly beating St. Bartholomew's and inflicting a crushing defeat upon King's, Guy's were left in the final with the holders, St. Thomas's. As was expected, a most exciting game resulted, but the fifteen suffered the keenest disappointment in defeat—a disappointment equally shared by the great crowd of Guy's men on the ground, who nevertheless, I think, felt to a man that we had done our best." "And the cause of our defeat?"— –"was undoubtedly the superiority of our opponents," interrupted the "gallant" captain. "We were overmatched at all points forward, and the defence of our back division must have been magnificent to keep the Thomas's men from scoring. Never mind, we *will have* the Cup next season; only to do so, by hook or by crook, we *must* obtain some forwards of heavier calibre."

"A new departure in the shape of a South Wales tour, with St. Thomas's, was made last season. Were you satisfied with that?"

"Yes, in every way. Better games unquestionably resulted, and socially nothing could have been more pleasant, and I hope next season as good a time may be afforded."

"Now, as to the material at your disposal last season?"

"There can be no doubt that, generally, we were overmatched forward, when we suffered defeat. At times, notably against Clapham Rovers and Blackheath, our forwards have played a sterling game, but in such matches as Coventry and Kensington we were 'pushed' considerably. In our full-back, Alexander, we have a very safe tackler and a good kick. With practice on our new ground in this latter department he improved vastly. His excellent defence won us the Rosslyn Park match, and in the Kensington match the score would have been enormous but for his tackling, and, in fact, in every way he did us credit. In Bertie Hancock and Bell we have a pair of three-quarters any club in London might well be proud of. Hancock's dodging, correct passing, safe kicking, and knowledge of the game, make him one of the best three-quarters of the day in point of attack, whilst Bell, with his great pace, has been of incalculable value to us. The play of these two in the Final Cup Tie will not easily be forgotten, and the try obtained by Bell was admitted one of the finest bits of play ever seen on the Richmond ground. I am glad to say that both are eligible to play for us for another two seasons. With regard to the other three-quarters, Spon played for us the latter part of the season, and against King's; he deserved his place, being always willing to play when wanted. Stewart displaced him when Jackson played 'half,' and, under the circumstances, showed to advantage. I hope he will play regularly there next season. Associated with Jones at half, the pair played to each other consistently and well. Both exhibited at times a slight selfishness—always a difficulty in a half;—a weak point they were rapidly abandoning towards the end of the season. When Jackson came up in January a difficulty arose with regard to his playing for us; a compromise, however, was effected with the Old Leysians, and on a *few* occasions he was able to play for us. He proved himself an acquisition, and it was thought that he was just such a half as might score us a victory against Thomas's. However, an injured hand marred his play somewhat, though at times he was conspicuous. With regard to the forwards, first and foremost I place Rowlands. He was the mainstay and pillar of the pack, continually breaking away with the back, and, like E. D. Hancock, a sure tackler and good dribbler. The latter and Dudgeon as fast forwards greatly aided the work of the back division. Edwards showed himself of good value, and is a hard and conscientious worker in the scrummage. Nicholson and Pike, also first-year-ers in the team, have the makings of good dashing forwards, as they thoroughly know the game, in common also with Collins, but lack weight. Covernton, who played for us later in the season, never showed himself to be in perfect condition, but worked hard in the Cup ties. Ensor, who was tried forward in the middle of the season, kept his place; but I must confess to a feeling of disappointment with regard to his play. Although seemingly keen, he seldom used his entire weight, nor did all the work he might have done in the scrum."

Modesty forbade the Captain to speak of his own share in the season's work; but all who saw the energy and pluck which he showed in leading his men when defeat seemed the only prospect, in the Final Cup Tie especially, up to the last moment of the game, may be able to appreciate the amount of work he did.

"Having given a review of the team, my next question naturally is what about next season?"

"All our backs are available, and the forwards, with the exception of Ensor and Covernton; but, as I said before, with the addition of a few thirteen-stone forwards, who *must* be obtained from somewhere, we have every prospect of wresting the Cup from the hands of our old and honoured opponents."

With which hope echoing in my "manly bosom," I thanked Mr. Shorland and withdrew.

RUGGER.

ASSOCIATION FOOTBALL SEASON, 1892–93.

The team are to be congratulated on a fairly successful season, when the calibre of their opponents is taken into consideration. Their record is at least not below the average of previous years, in winning nine and drawing three out of twenty-one games; the balance of goals scored stood against us by 64 to 44.

Among quite the best things done was our narrow defeat by the London Caledonians, the score of 4 goals to nil scarcely representing the game. Amongst our successful opponents were the Vampires, Eastbourne, Casuals, Luton, and St. Bartholomew's; and we were in turn victorious over the Old Westminsters, Ealing, the Vampires, Beckenham, and London and University College Hospitals. The drawn games were with Eastbourne, Maidstone and Tunbridge Wells. During the season we had our full share of ill luck, Frith, our last year's captain, not being often available, a fact the more to be regretted as when he played in the Cup ties he showed his excellent form of old; Stamford, too, was for a time disabled, owing to an injury.

Among the new comers we were glad to welcome such sterling players as Lavers and Crosby, the former in goal saving us many times from defeat, the latter at half doing good work throughout the season. Although not included in the Cup team, Walker, Evans and Davis did good service, and yet in future years may be of use to the Hospital in the football field.

We should have liked to have seen our keen secretary, Packer, included, but he certainly was not himself this year, and though ever willing, he played well at times when required; he had to stand down in favour of a better man in Lidderdale, who generally played a brilliant game.

Of the old men, Fitzhugh played as well as ever, scoring most of the goals, and by playing regularly set a good example to others in resisting the more tantalizing attractions of other clubs. We were sorry not to see more of Stamford, who when playing showed good powers, and hope next season he will play more frequently. Pendred, though erratic as ever, was at times successful, and Hibberd was showy in the ties. The candidates for the last place were Lawrence and Murray, but the latter, though decidedly slow, by his superior weight and more accurate shooting, was selected in the Bart's match. At half-back we were most unfortunate in losing early in the season the services of H. C. Sharp, just as he seemed to have recovered his old form. W. Poole, when chosen, played with energy, but in the Cup ties had to give way to Daniel, who proved the very backbone of the team.

Much of the enjoyment and success of the season was due to the energy and perseverance of our Captain, Hewetson, who, if rather inclined to wander from his place, was always working hard, and showed great pluck against heavier opponents.

Y. U.

CRICKET.

GUY'S v. BECKENHAM.

This match was played on the ground of the latter Club on Saturday, May 6th, before a large and fashionable assembly. Two old "Cup Team" men opposed the Hospital, H. B. Bolus and S. G. Layman, both being residents of Beckenham, and members of the Club.

At 11.30 Francis and Nicholls commenced batting for the Hospital. Robertson's first over was a maiden. Nicholls hit Baker for 1, then Robertson for 4; 10 was soon up, Francis making three 4's off Baker. Nichols 4, two 1's and 2; a change of bowling was tried, but without any different result. Runs came just as freely, Cooper was now put on for Lee. Off his first ball Nicholls sent a hard catch to point, but was missed; and not until 80 was reached was this pair separated. Nicholls played well for his 42. The next wicket put on 31, Francis scoring at a great pace; Trouncer made 6 out of this number; he unfortunately hit his wicket (2 for 131). Shorland followed and was Francis' partner when the bell rang for lunch.

At 2.15 the two not-outs began batting. Francis only added 2 to his score. Inglis caught him off Robertson; in his 78 he hit no less than fourteen 4's, 3 for 136. Hancock joined Shorland, and runs came very fast. 200 was soon hoisted, three more runs were added, and Shorland was caught at the wicket. Hancock and Stamford were both caught there. A. Baker's first ball to Bettington upset his wicket, 5, 6 and 7 for 223. Ham succumbed to Layman for 5, 8 for 232. Bryant and Jones carried the score up to 256. The tenth wicket brought it up to 260, Fitzhugh carrying out his bat for 1.

The Beckenham Club had a good team in the field, but their batting was not up to reputation, and had it not been for Cooper and Layman they would have cut a sorry figure. Out of a total of 156 they contributed 75. Layman deserves all he got, coming in seventh wicket down when the game was going against them, the total only 79, he carried it up to 156. If he had only remained one more minute at the wicket the match would have ended as Wednesday's did, in a draw; but, thanks to Hancock, he beat him in the *last* over that was going to be bowled, Guy's winning by 104. The team and followers were entertained in the evening by those genial sportsmen, Dr. Randall and Mr. Layman.

GUY'S.

C. J. Francis, c Inglis, b Robertson	78
F. J. Nicholls, b Layman	42
C. A. Trouncer, hit wkt, b Robertson	6
E. T. Shorland, c Gulliver, b A. Baker	44
W. I. Hancock, c Gulliver, b Layman	17
R. B. Stamford, c Gulliver b A. Baker	11
J. H. Bettington, b A. Baker	0
B. B. Ham, b Layman	5
H. C. Bryant, b Layman	14
M. P. Jones, b Layman	15
R. Fitzhugh, not out	1
Byes	19
L. Byes	7
Wide	1
Total	260

BECKENHAM.

C. O. Cooper, c Trouncer, b Bettington	25
C. Grant-Wilson, c Jones, b Bettington	5
L. Hinton, c Shorland, b Hancock	12
G. J. Gulliver, b Bettington	7
H. B. Bolus, c Shorland b Bettington	9
J. Robertson, c Bettington, b Hancock	11
A. Inglis, c Fitzhugh, b Hancock	3
S. G. Layman, b Hancock	50
F. M. Lee, c and b Bettington	10
H. E. Baker, b Nicholls	1
A. A. Baker, not out	8
Byes	15
Total	156

GUY'S v. STREATHAM.

This match was played at Streatham on Saturday, May 13th, in weather that was all that could be desired. The attendance greatly increased after lunch, a large number of the leading inhabitants of Streatham and neighbourhood putting in an appearance, as did a small number of Guyites. The visitors won the toss, and commenced batting on a good wicket at 12 o'clock with Francis and Nicholls, the bowling being started by S. H. Flindt and the Hon. W. Thesiger. The first two overs were maidens, but in Thesiger's second Francis drove him twice for 4, then to leg for 3, he sent Flindt for the last-named number next ball. For some time runs came slowly, Nicholls, after hitting three singles, got Thesiger away for 3, sending up 30. In less than three overs 40 was up. N. C. Bailey relieved Thesiger. His first over resulted in a maiden; in his next Francis got him to the boundary for 4, then for 3, sending up 60. Nicholls was next to score, getting Bailey through the slips for 2, then to leg for a like number, 70 up. At 72, two changes were tried, Bambridge and Montmorency displacing Bailey and Flindt respectively. This change was anything but successful, Francis punishing both of them severely, getting Bambridge away for 4, 1 and 2 in a single over. This placed the "century" on the board. Nicholls score was 21, whilst Francis' stood at 64. Soon after this Nicholls was missed by Millar out in the country. Thesiger came on again in place of Montmorency. Nicholls cut him for 2 in his first over (120 up) when two more had been added to the score. Francis was unfortunately run out, after making 77 in splendid style. His scores in the three matches already played are 92, 78 and 77. May he keep this up. Nine more on saw Nicholls' stumps disturbed by Bambridge. His 37 was well and carefully put together, but, unfortunately, his innings was spoilt by being missed when he had made 21. Shorland came in second wicket down. Before another run had been made his partner, Trouncer, was caught in the deep field. Hancock joined Shorland, and after taking the score up to 141, Shorland was caught by Bird. Stamford followed, and after making 2, and 2 off Bambridge, and 3 off Flindt, he lost his partner Hancock, Bambridge disturbing his leg stump, 5 for 141. Bryant, next man in, made three singles, and was then caught off Bambridge. At luncheon time the game stood 6 for 154. Play was resumed at 3 o'clock. Ham, Stamford's new partner, got his first ball away for 1 and fifth for 2, but the next over from Flindt saw him clean bowled, 7 for 157. Joyce followed. After making four singles, he got Bambridge away for 4, 2 and 1 in one over. Flindt's third ball in the next over upset his sticks. Pike, last man in but one, batted carefully and well, for his not out 11. Stamford put together 21 in good form. Fitzhugh, last man in, failed to score, the Hospital innings closing for 195.

Streatham commenced batting at 4.5, sending in Millar and Grant-Wilson, Joyce and Hancock bowling. The last-named clean beat Millar in the first over. The Hon. W. Thesiger came in first wicket down. He hit Joyce for 2—his first ball. Hancock's first over got rid of Grant-Wilson, sending him back without scoring, 2 for 2. Thesiger had Montmorency for a partner. The latter got Joyce away for 2 and 4, Hancock for 1 and 3. His next ball sent the wicket clean out of the ground, getting rid of Thesiger for 3. Bird joined Montmorency, and for a time things were lively; but when the score had reached 29 the latter sent Hancock into the "country," but Trouncer was there, and brought off a splendid catch. Yetts came in, but neither he nor his partner gave much trouble, both sharing the same fate. The Bambridge-Bailey partnership caused a little trouble, they putting on 34 between them. Melville and Flindt were dismissed by Hancock and Joyce respectively, without scoring. Kerr not out—0, the innings closing for 83. Streatham being 112 behind had to follow on, and at 6.30, the time for drawing, four wickets were down for 77, Guy's winning easily by 112 runs on the first innings. The chief features of the game were the batting of Francis, Nicholls, Stamford on the one side, Bailey and Montmorency on the other. Pike batted well, and deserved his 11. Joyce and Hancock bowled well; the former took three wickets for 38, the latter five for 33. Flindt took five wickets, Bambridge four, but at much greater cost than either of the above-mentioned bowlers.

GUY'S.

Francis, C. J., run out	77
Nicholls, F. J., b Bambridge	37
Trouncer, C. A., c Montmorency, b Bambridge	7
Shorland, E. T., c Bird, b Flindt	6
Hancock, W. I., b Bambridge	1
Stamford, R. B., c Bird, b Flindt	21
Bryant, C. H., c Grant-Wilson, b Bambridge	3
Ham, B. B., b Flindt	3
Joyce, J. H., b Flindt	11
Pike, N., not out	11
Fitzhugh, R., b Flindt	0
Byes and leg-byes	18
Total	195

STREATHAM.

	1ST INNINGS.		2ND INNINGS.
Millar, M., b Joyce	0	not out	5
Grant-Wilson, C., b Hancock	0		
Thesiger, Hon. W., b Hancock	3	lbw Trouncer	22
Montmorency, R., c Trouncer, b Hancock	17	not out	6
Bird, W., run out	14	b Nicholls	5
Yetts, W., run out	3		
Bambridge, E. C., c Shorland, b Hancock	11	b Trouncer	2
Bailey, N. C., b Joyce	23		
Melville, M., b Hancock	0		
Kerr, Dr. O. D., not out	0	c Shorland, b Trouncer	35
Flindt, S. H., b Joyce	0		
Byes, 10; l-byes, 1; no ball, 1	12	Byes	2
Total	83	Total	77

GUY'S v. CRYSTAL PALACE.

Played in fine weather on the ground of the latter Club, May 18th. The Palace winning the toss sent in Pawle and Umney, Hancock and Joyce sharing the bowling. Hancock sent down a maiden his first over. Umney cut Joyce in his first over for four. Pawle got Hancock away for 1, 1 and 3. Umney the same bowler for one, sending up 10. Up to 20, runs came slowly, at this figure Pawle was run out. C. M. J. Fox came in first wicket down, after one had been added, Joyce clean bowled Umney. Nelson followed and before another run had been made, Hancock dismissed Fox for one; 3 for 21. Aste became Nelson's partner, the score rose six when Hancock caught and bowled the former for 0, 4 for 27. Capt. Fleming followed, runs came quickly, 40 being soon hoisted. Stamford should have caught the latest arrival; this made a considerable difference to the score. At 60 Nicholls displaced Joyce and in his third over got rid of Fleming, Trouncer well catching him, 5 for 79. F. Hill came in, runs continued to come at a rare pace and 90 was soon up. Trouncer relieved Hancock; this change did not prove successful, they soon collared the bowling, sending 100 up. No parting could be effected before lunch time, when the score stood at 113 for 5 wickets. Play was resumed after lunch, the bowlers being Joyce and Hancock. Six runs were added when Nelson was caught and bowled by Hancock for 39; 6 for 120. Wells, next man in, was caught at the wicket first ball, but the umpire, for some reason or other, gave it not out. Twenty-two runs were put on before Hill's wicket was disturbed by Joyce. 7 for 142. Barchard followed. From this point of the game the fielding was disgraceful, some not only lost their heads but also their tempers. Shorland relieved Nicholls, and in his second over bowled Barchard; this wicket put on no less than 72 runs. Lulham joined Wells, the latter, getting the bowling, carried the score to 235 before Lulham was dismissed for 0. Orme, last man in, he and his partner caused considerable trouble, 293 being reached before Wells was run out for a well-played 109.

Guy's commenced batting at 4.30 with two hours for play and 294 to get to win. Francis and Nicholls, the first pair in, opposed the bowling of Umney and Lulham. Nicholls got Umney away in the first over for 4, 2 and 1, Francis for 1. Ten was soon up; at 18 Francis was caught by Lulham for 5. Trouncer came in first wicket down, and after making one was badly missed by Aste. At 26 Nicholls was bowled by Umney for a useful 19. Stamford followed, and for a time things looked brighter, but at 49 Stamford was bowled. Hancock joined Trouncer—his was a short and merry innings. At 76 Aste relieved Umney, Wells Lulham. 77 saw Hancock stumped by Pawle, Shorland foolishly tried Hancock's tactics and failed miserably, both shared the same fate—5 for 79. Bryant came in next but was dismissed without scoring. The game could not be won, with thirty-five minutes for play and 4 wickets to go down, a draw was the only chance of saving a crushing defeat. But disaster soon came, Trouncer was bowled at 114, Jones failed to score. 8 for 114. The score had reached 123 when Joyce was bowled. Hicks and Loud became partners, but they could not keep their wicket up long enough, though both played well for 10 and 6 respectively.

Guy's losing by 160 runs—a match which should have been won—after getting all the Palace's best bats out for 120, to let the tail put on 173 must be accounted for somehow—it was in the fielding.

CRYSTAL PALACE.

Pawle, J. W., run out	11
Umney, W. F., b Joyce	8
Fox, C. M. J., b Hancock	1
Nelson, F. H., c and b Hancock	39
Aste, F. W., c and b Hancock	0
Fleming, Capt. J. F., c Trouncer b Nicholls	27
Hill, F., b Joyce	28
Wells, L. S., run out	109
Barchard, T. C., b Shorland	17
Lulham, E. H., c Loud b Joyce	0
Orme, C. M., not out	23
Byes	25
Leg byes	5
Total	293

GUY'S.

Francis, C. J., c Lulham b Umney	5
Nicholls, F. J., b Umney	19
Trouncer, C. A., b Umney	62
Stamford, R. B., b Lulham	6
Hancock, W. I., st Pawle b Wells	12
Shorland, E. T., st Pawle b Wells	2
Bryant, C. H., b Aste	0
Joyce, J. H., b Umney	9
Jones, M. P., b Umney	0
Hicks, H. T., not out	10
Loud, C., b Umney	6
Leg byes	2
Total	153

ATHLETICS.

The Annual Sports have been fixed for Thursday, June 23rd, and will, as usual, be held at the L.A.C. Grounds, Stamford Bridge.

They will be three weeks later than last year, and thus a longer time is allowed for training. Moreover, extra facilities for training are also given by the new ground, at Honor Oak Park especially, as the Council have generously granted the club extra funds for the purchase and erection of hurdles, and other materials, which are necessary for the exercise and higher development of the muscular tissue of the human frame. Some of the men are already in training, and the committee are making arrangements for the success of the meeting this season by an agreement between the Bicycle and Athletic Clubs. An additional attraction will be offered by the introduction of two cycling races into the programme. Although our entries last year were above the average, it is hoped, on account of the advantages given to our athletes, that this season they will far exceed those of former years. As usual, all the races will be handicaps, and it is hoped by this means to bring to light any latent talent that may exist. The team to do battle for the Shield is picked on the form shown by the competitors in the various events. Entries close on Saturday, June 14th, and the handicaps will be published as soon as possible.

GUY'S HOSPITAL RIFLE ASSOCIATION.

GUY'S v. SCHOOL OF MINES.

The first match of the season took place on May 10th at Runemede, our opponents being the School of Mines R.A. Owing to two men missing the train, the number of each team was reduced to 4. These were fairly well matched, and we were eventually beaten by 2 points.

GUY'S.

	200	500	Total.
R. H. Luce	29	22	51
R. H. Ashwin	27	23	50
H. T. Major	24	23	47
C. B. Sells	26	15	41
			189

SCHOOL OF MINES.

H. G. Wardale	26	15	41
V. F. Parkinson	29	23	52
M. Ferguson	24	20	44
B. Theron	31	23	54
			191

GUY'S v. DULWICH.

This match was shot at Bromley on May 17th, and resulted in a win for Guy's by 23 points. The light was bad, and rain fell during the greater part of the time.

GUY'S.

	200	00	Total.
R. H. Luce	29	31	60
H. Y. T. Major	24	7	31
J. B. Winter	29	27	56
H. Fulhan-Turner ...	24	29	53
C. C. Jenkins	25	26	51
W. H. Telling	19	19	38
R. H. Ashwin	20	20	40
			329

DULWICH.

P. Hide	21	12	33
C. M. Burmester	24	21	42
C. D. Hindley	20	26	46
K. Bowman	25	21	46
E. Saunders	25	13	38
L. C. French	18	21	39
N. Carpmael	28	32	62
			306

GUY'S HOSPITAL SWIMMING CLUB.

The First Annual General Meeting of this Club was held on Thursday, May 11th, in the Long Room, under the presidency of A. D. Fripp, Esq. The report and balance sheet for the past season, 1892-1893, was then produced and passed, a substantial balance in hand being shown; and the officers for 1893-1894 elected. Although the Club is one of recent date, it is in a good position both financially and as regards the number of members, and it is hoped that this season the number will be still further increased. Several of last year's water polo team are available, and it only wants keenness and *esprit de corps* among the members to give us a great chance of winning the United Hospitals Challenge Cup this year. The following is the list of Water Polo fixtures:—

May	19	v.	Marcians S.C. ...	at St. George's Baths
"	31	v.	Lewisham S.C....	" Lewisham Baths
June	8	v.	Ealing Dean S.C.	" Ealing Baths
"	15	v.	Otter S.C.	" St. George's Baths
July	5	v.	Tadpole S.C.....	" Kensington Baths
"	6	v.	Ealing Dean S.C.	" Ealing Baths
"	13	v.	Otter S.C.	" St. George's Baths
Oct.	4	v.	Tadpole S.C.	" Kensington Baths
"	7	v.	Marcians S.C. ...	" St. George's Baths

Members are reminded that subscriptions are now due, and can be now paid to any of the Committee, which is constituted as follows:—

President	A. D. Fripp, Esq., M.B., M.S.
Vice-President	A. H. Tubby, Esq., M.B., M.S.
Captain	V. E. Collins.
Hon. Sec. & Treasurer	V. E. Collins.
1st Year Representative	K. B. Alexander.
2nd " "	E. N. Scott.
3rd " "	H. W. Dudgeon.
4th " "	H. J. Spon.
Any " "	H. Cooper.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Any of our Subscribers, who may be desirous of having their numbers of the GAZETTE *for 1892 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING *and* SIXPENCE

Guy's Hospital Gazette,

JUNE 10, 1893.

ABSTRACT OF TWO CLINICAL LECTURES BY MR. GOLDING-BIRD.

THE DIFFERENTIAL DIAGNOSIS OF SCROTAL ERYSIPELAS AND EXTRAVASATION.

The object of the clinical teacher is not to give a systematic account of one malady, but to try and picture to his hearers what passes through his own mind as he stands at the patient's bedside; for the facts which the case before him, by association, brings instantly to his memory are mainly the material on which the diagnosis is made; which material is evidently the accumulation of experience, and hence, until that experience has been gained, there is a difficulty at times in following a clinical argument.

The case on which my remarks will be founded shews how difficult it may be at the bedside to discriminate between even common affections. Many examples of this might be quoted, but I draw mine now from a case of urinary extravasation. Here is a *précis* of the case:

S. S., 24, engineer; good previous history; no diseases; unmarried; no venereal; never any difficulty in micturition.

On December 3rd, 1892, taken ill; rigors; very restless.

5th. Pain in perinæum, but no swelling anywhere; fever; rigors; micturition normal.

7th. Admitted into Clinical as a case of typhoid.

9th. Penile swelling occurred, passing back to scrotum. Considered to be erythema.

10th. A gangrenous spot appeared on prepuce, destroyed with H NO_3 by House-Surgeon.

12th. Transferred to Samaritan as a case of erysipelas, under Mr. Golding-Bird's care. His condition then was one of septicæmia. Evening temperature 101·5, and there was much inflammatory swelling and œdema of the penis, scrotum and perinæum. A scrotal abscess had broken externally, and was discharging very fœtid pus. The patient stated he had not now, and never had, any difficulty in micturition.

13th. The patient was placed under chloroform, since the urinous odour of the infiltration proved it a case of extravasation, in spite of the apparently normal micturition. The meatus urinarius was found congenitally minute, only admitting a fine silver probe. On being incised a full-sized catheter was easily passed and tied in, whilst the extravasated tissues were relieved by several incisions. The catheter had a syphon drain attached to it, by which the bladder was kept empty.

After this the patient rapidly improved, but owing to the time the sloughs took to separate, he did not leave the hospital for five weeks; he was then cured, and passing a normal stream of urine.

Side by side with this case I would mention one of true erysipelas of the scrotum, lately under my care. The man had had a fistula in ano divided on April 6th, 1893. On April 7th, his temperature began to rise. On April 11th it reached 104°, with the accompanying fever symptoms and general condition indicative of septicæmia; and on April 14th, the scrotum and penis became suddenly tender and swollen, and four days later had to be incised, owing to the

formation of a phlegmonous abscess ; and a week later the inflammation spread along the right thigh and up the back, with all the characters of superficial cutaneous erysipelas.

Now, with but one exception these two cases were much alike—one had a wound, the other had not; but both had septicæmia with infiltration of the scrotal tissues—œdema in fact—ending in abscess. Neither had a stricture history, and where local conditions are so alike, it is history at the bedside that helps. In the former case it failed in an important particular, *i.e.*, urethral obstruction, but in the latter case the history of a rectal wound was enough to explain the cause of the œdema. But why are phlegmonous erysipelas of the scrotum and extravasation of urine alike? Simply, they are both a distension of the lymphatic spaces of the tissues; one by inflammatory fluid provoked by the micrococcus erysipelatosus, the other by urine forced in by the bladder; and both cause a septicæmic or typhoid state.

Now, imagine yourselves at the bedside of the first patient: he is in Clinical, and the diagnosis of typhoid was made. With this, a medical diagnosis, I have nothing to do. There was nothing to suggest it was a surgical case, with a surgical fever; and both this latter and true typhoid at its commencement are much alike. You know that surgeons speak of the "typhoid state." This diagnosis was merely tentative. Two days later the swelling appears. Now, I am not aware that erythema of the scrotum is found in early typhoid, and a typhoid state with this local condition practically always means erysipelas or extravasation. Even the appearance of a spot of gangrene did not excite suspicion, though this might have been taken as important. I never remember seeing a gangrenous spot on the scrotum or penis, following some days of infiltration, that was not due to extravasation. What threw the diagnostician off the scent was the fact that there was no stricture. The man said he micturated normally; but he did not know what normal micturition was. He had always micturated in the same fashion, and never thought he was different from other men. He did not know his meatus was abnormal. But can extravasation come with no obstruction at all, or with only so much that a man doesn't know he has any? Excluding a ruptured urethra from sudden external violence, or impacted calculus, I have seen the following:—A man, æt. 57; no stricture; no urinary obstruction; extravasation, phlegmonous inflammation, a spot of gangrene on the penis. In operating I found a small stone had ulcerated through the urethra, near the tip of the pustule. Through this track urine had escaped. Twice in young men (20 and 25) I have seen perineal extravasation come on whilst injecting to cure acute gonorrhœa. Both felt "something give way far back." Neither had stricture.

In a man wearing a No. 7 catheter for dilatation treatment, extravasation came on, though the urine was free to flow through the instrument. A most typical extravasation I operated on once was in a child aged $1\frac{3}{4}$ years; it was due to phymosis: and this cause is not confined to childhood. I have seen it, aggravated by balanitis, produce extravasation at 76; and once again at 50, when aggravated by early epithelioma thickening the prepuce. It is such cases as these that the bedside of a doubtful extravasation brings to mind, and we are not thrown off our guard by the fact that the patient has very little or no obstruction—certainly no stricture.

Now and then extravasation will last for days without causing inflammation; it is well to remember the existence of this possibility. I grant you will not confound this with erysipelas, but you might with the œdema of Bright's disease. For instance, in 1887, a man aged 45, entered the hospital under my care, having been struck "in the fork" a week before. He thought

nothing of it; there was no difficulty in micturition and no hæmaturia; he went about as usual; three days later, extensive clear non-inflammatory œdema of the scrotum appeared, but he thought nothing of this even, until it became so marked as to hinder micturition. This man had really a partially ruptured urethra, yet the non-irritative character of the œdema might well have suggested Bright's disease, but for the history of the blow. Whether, however, in this or in the inflammatory phlegmonous form, one can usually detect a urinous odour on handling the swollen organ is doubtful.

The resemblance, too, between scrotal erysipelas and extravasation is close in the general symptoms accompanying either state. Vomiting, which is frequent in the onset of erysipelas, may be of uræmic origin in extravasation, and whilst the temperature shows a septic fever in both, that of erysipelas is higher and rather more in advance of the local symptoms than in the other affection; but this is a refinement on which too much reliance must not be placed in making the differential diagnosis, for the rule is not constant.

In both these cases the treatment was, as far as the septic infiltration was concerned, the same—viz., free incisions, to drain the cellular tissue. In the erysipelatous case, the appearance of the cutaneous rash (which confirmed the diagnosis) called for a special treatment, and we adopted a method that I first saw employed by Professor Broca, and of which he was very fond. He found that if some inches beyond the raised edge of the rash he surrounded the limb or the entire trunk with a broad barrier of collodion, the rash very rarely spread beyond it. He ascribed this to the mechanical pressure on the superficial circulation. This cannot be, however, the only explanation, since tincture Iodi., which we employed, does just as well. In this particular case it failed to arrest the rash, but I think this was due to its having been painted partly on the rash as well as on the skin beyond, and therefore within the affected area. It is, however, a plan of great value, and, as a rule, may be relied upon, be the explanation what it may.

In the extravasation case it was necessary to do more than drain the tissues: urine had to be prevented getting into them again. The plan here adopted is not by any means to be recommended in all cases of extravasation, even if a catheter can be passed. Most of these cases are, of course, due to some obstruction that, at best, will only admit a very small catheter (if any at all), and I cannot recommend penile drainage in extravasation, unless at least a number 7 is passed. Lower numbers do not give sufficiently free drainage to prevent some urine getting along the vicious track, and hence, though the patient may eventually recover, he will be much longer about it, and runs risk of septic attacks during convalescence.

The usual method is either to perform a Cock's operation; or, since it is the back part of the urethra that is the part in fault (and not the front, as in this case, and in which you must note the extravasation travelled from penis to scrotum, and not in reverse fashion, as when the aperture in the urethra is perineal), to do a form of perineal section, that shall deal with the damaged urethra at the same time. In either a catheter is tied into the bladder, *via* the perinæum, and a syphon drain attached.

To drain the bladder by any other method than through the urethra, in extravasation, is also not to be recommended, if only on the ground that the perineal incision that must be made for the extravasation, can be utilised for the purpose. However, in such a case as the surgeon finding himself single-handed, he might avail himself of a suprapubic puncture and drain, provided the bladder is distended enough to permit him to do so, and that the inflammatory œdema has not extended on to the abdomen; but the involved tissues cannot be kept from contact with urine as completely as when the drain is directly through the perinæum.

ABSTRACT OF A LECTURE BY DR. STARLING ON THE PHENOMENA OF COAGULATION OF THE BLOOD.

(Concluded.)

In recent years the whole question was revolutionised by the researches of *Wooldridge*.

Wooldridge's experiments were commenced under *Ludwig*, and were at first of the "test-tube" type, which led up to his later work on the living blood. The means by which plasma was obtained by different observers were various.

Some means had to be used by which clotting could be prevented or delayed. Schmidt used his "proplastic" fluids, or $MgSO_4$ plasma: two or three vols. of blood were received into one vol. of 28 %solution of $MgSO_4$, the blood of the horse being that used. Clotting was thus prevented, but followed dilution and addition of ferment.

Cooled Plasma.—Horses' blood cooled to 1° C. for 24 hours. Corpuscles settled and plasma obtained from the top, and filtered. The fluid thus obtained contained no formed elements but a few granules, and usually (but not always) did not spontaneously coagulate.

Peptone Plasma.—First used as material by *Fano* in 1879. Injection of a solution of peptone. (0·3 gr. per kilo). Loss of coagulability of blood when shed, obtained free from formed elements by the centrifuge.

NaCl Plasma.—Blood received into saturated solution of NaCl. Coagulation inhibited: dilution *alone*, however, without ferment restored coagulability.

The nature of Peptone Plasma.—It resembles living plasma in that the addition of fibrin ferment does not cause clotting. It can, however, be made to clot spontaneously without the addition of any substances which could be considered as fibrin factors—thus it clots on free dilution, passing a stream of CO_2 through it after dilution, filtration through a clay cell; shewing that it is in a sense spontaneously coagulable—*i.e.*, it contains all the factors necessary for clotting, yet it contains no fibrin ferment.

The effect of cooling.—Cooling for 24 hours causes the appearance of a granular precipitate; the characters of the granules are best seen when the operation has been conducted in shallow vessels; otherwise the granules—which are then seen to consist of small rounded colourless discs resembling, in a striking manner, the blood platelets of Bizzozero—tend to cohere together in masses. After subjection to the centrifuge, so as to remove these discs, the plasma will not clot by treating it by filtration through a clay cell, etc. A small part only of the fibrin factors is thus removed, however, for the addition of lecithin or leucocytes causes it to coagulate.

It does not contain Hammarsten's fibrinogen, one of the characteristics of which is that its solutions coagulate on exposure to a temperature of 56° C. Not before the temperature reaches 70 to 90° C. does any precipitate form. If, however, the temperature of 56° be maintained for a long time some precipitate is produced.

Saturation of cooled peptone plasma with sodium chloride causes precipitation of a substance, a solution of which will not clot by addition of fibrin ferment, but will with leucocytes or lecithin; by re-solution, however, and re-precipitation several times, a substance which has all the properties of Hammarsten's fibrinogen is produced; its solution clots on addition of fibrin ferment, coagulates at 56° C., etc. Thus, it seems, that Hammarsten's fibrinogen, which Wooldridge calls C. fibrinogen, is a more or less artificial product produced from the normal products by "purification."

Thus Wooldridge showed that plasma clots spontaneously *without the presence of Hammarsten's fibrinogen or fibrin ferment.* Peptone plasma is free from fibrin ferment. After clotting, however, the serum is found to contain ferment, so that this latter body seems to be the result, and not the cause of clotting.

The nature of the "Blutplättchen."—Bizzozero considered them to be formed elements. *Löwit*, however, looked upon them rather as artificial products: by receiving blood into oil, kept at the body temperature, no platelets were found till cooling took place.

Upon the insertion of the point of a needle into a blood vessel a small thrombus forms, the character of which has been differently described. *Zahn* considered it to be an aggregation of leucocytes which became broken down and converted into fibrin.

Eberth and Schimmelbusch described it as an aggregation of blood platelets.

Wooldridge considered the Blutplättchen, or blood platelets, to be identical with the precipitate obtained from peptone plasma by cooling, and which he called *A. fibrinogen.* He regarded the appearance of platelets as the first step in the death of the plasma. He looked upon them as the agents in initiating coagulation, both intravascular and extravascular, differing in this respect from Löwit, who, while agreeing with him that the platelets were a proteid precipitate, denied their having anything to do with the setting up of coagulation, considering them merely as being readily converted by fibrin ferment and other agencies into fibrin, or a body closely resembling fibrin.

Coagulation and non-coagulation of different kinds of salt plasmata.—It was stated above that two kinds of salt plasma existed.

One, NaCl plasma, which clotted spontaneously on dilution; the other, $MgSO_4$ plasma, which needed the addition of fibrin ferment, as well as dilution, before it would clot. Previous to Wooldridge's researches, it was arbitrarily assumed (1) That an addition to the plasma of fibrin ferment from the corpuscles was necessary for coagulation. (2) That in the case of NaCl. plasma, this process went on when diluted, whereas the $MgSO_4$ exhibited it even when diluted.

According to Wooldridge, the $MgSO_4$ precipitates the A. fibrinogen. At the same time Hammarsten's fibrinogen is formed, and the fluid is not spontaneously

coagulable until fibrin ferment is added. But with NaCl. plasma, the A. fibrinogen being still present, no ferment is necessary to render it coagulable.

A. fibrinogen inaugurates clotting. After removal of this substance, a precipitate can be obtained from peptone plasma, which at first coagulates on the addition of lecithin, not with ferment—this is *B. fibrinogen.* By repeated re-solution and re-precipitation, this is converted into Hammarsten's fibrinogen, which Wooldridge calls *C. fibrinogen*, and a solution of which, of course, clots on addition of fibrin ferment, and is unaffected by lecithin or leucocytes.

Nature of A. and B. fibrinogen.—Wooldridge's researches shewed that lecithin hastened clotting, even after the removal of A. fibrinogen by cooling. He considered that a lecithin interaction took place between A. and B. fibrinogen. He observed that A. fibrinogen contained much lecithin. Thus, he looked upon the formation of fibrin as due to the transference of lecithin from A. to B. fibrinogen. Fibrinogens similar to those existing in the blood can be extracted from the tissues; these are precipitated by acidification, and are soluble in excess of acid; if a hydrochloric acid solution be taken and subjected to the action of pepsin, a nuclein-like precipitate is gradually formed which is found to contain 25 per cent. of lecithin.

Peptone plasma also yields a similar residue: both fibrin and serum leave no lecithin residue on gastric digestion, shewing that in the interaction between the fibrinogens there has been a change in the precipitate relationship of the lecithin molecule to the fibrinogen molecule.

Peptone plasma contains no ferment, but if it be caused to clot it is found that the serum contains the ferment, so that the ferment is formed in the act of clotting, for which it is not necessary.

Intravascular clottings.—Schmidt (as previously mentioned) failed to produce intravascular clottings by the injection of pure fibrin ferment, and this was fully confirmed by Wooldridge. He was, however, able to extract from various tissues, *e.g.*, thymus, testis (or in fact any tissue rich in cells), a substance which produced intravascular clotting in a very marked manner.

This extract contained substances which he called *tissue fibrinogens*, which are proteids rich in lecithin, and are very labile, their properties being easily altered by precipitation and re-solution, or by the action of heat, alcohol, etc. The clotting produced differed in character in different animals; thus, in the rabbit it was extremely rapid, generally causing instant death, whereas in dogs which had been starved, clotting occurred only in the portal area. Boiling or treatment with alcohol destroyed their properties. The same action in producing clotting occurred in peptone plasma, but tissue fibrinogen had no action in a solution of Hammarsten's fibrinogen. Blood drawn from the carotid of a dog in which clotting had occurred in the portal area, was found to be affected in a remarkable manner, namely, clotting was prevented. Thus, Wooldridge described the action of tissue fibrinogens as taking place in two phases which he termed the *positive* and *negative* interaction resulting in *increased* and *diminished* coagulability respectively.

Both phases he regarded as different stages in the same action; in most cases the positive phase was so powerful that the negative was not observed, but when the negative phase appeared it outlived the positive. Thus, in such a dog as the above, after recovery had taken place, intravascular clotting could not be produced by re-injection of tissue fibrinogens, the previous injection having produced immunity.

Schmidt, however, while recognising many of the facts which Wooldridge demonstrated, attempts to make them explicable on his old theory. He acknowledges, nevertheless, that the plasma contains all the elements necessary for clotting.

He has recently published his amended views on the subject. Subsequent to the removal of A. fibrinogen by cooling, the addition of leucocytes restores the coagulability of the plasma. Moreover, injection of the same into the circulation has somewhat similar effects to those described by Wooldridge as the result of the action of tissue fibrinogens. The resulting increased coagulability, of extremely short duration, is followed by diminished coagulability. Wooldridge regarded these phenomena as two phases in the *same* action.

Schmidt, however, has attempted to separate the two substances, one of which gives rise to the positive the other to the negative interaction.

By exposing leucocytes to the action of alcohol for a week, he finds that extractive matter, such as lecithin, etc., goes into solution while an insoluble residue is left; the former he terms *zymoplastic substances*, since they increase the amount of the fibrin ferment formed in the clotting of a spontaneously coagulable fluid (*e.g.*, cooled plasma). After drying and powdering the residue, by treatment with water he extracts a substance which he names *cytoglobin.* An insoluble residue, *cytin*, is left.

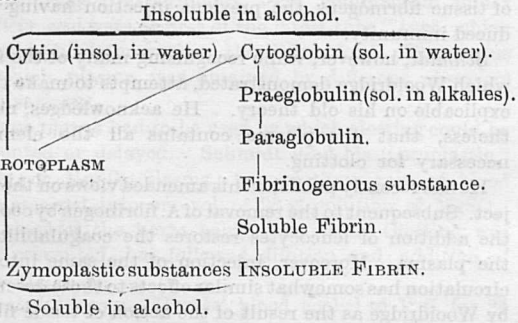
By the action of dilute acids on cytoglobin some unknown body remains in solution, a precipitate being formed which is soluble in alkalies, and to which Schmidt gives the name *praeglobulin.*

Injection into the circulation of cytoglobin and praeglobulin causes the act of clotting in shed blood to be delayed, whilst injection of the zymoplastic substances may cause intravascular clotting.

If, however, both be added to cooled plasma, the zymoplastic substances being in sufficient quantity for the result to be clotting, it is found that the amount of fibrin thus formed is greater than that which followed addition of the zymoplastic substances alone. If praeglobulin be subjected to the action of defibrinated blood or serum, *paraglobulin* is formed, and since addition of this to a coagulable fluid causes increased quantity of fibrin in the clot, he concludes that paraglobulin gives rise to *fibrinogenous substance*, which under the influence of *thrombin* (fibrin ferment) gives rise to *soluble fibrin*, which combines with salts contained in the plasma to form *insoluble fibrin.* Since blood on leaving the vessels

is free from thrombin or fibrin ferment, Schmidt assumes that it is formed from a precursor *prothrombin*, by the action of the zymoplastic substances. The prothrombin is contained in solution in the plasma and serum.

Schmidt, however, recognises that the plasma contains all the factors necessary for clotting, and regards the action of leucocytes as merely aiding the process. Schmidt's results may be represented in the form of a table.



Of late years attention has been drawn to the remarkable influence which calcium salts have on clotting.

Brücke pointed out the fact that a considerable amount of calcium exists in the ash of fibrin.

Green showed that clotting was considerably hastened by presence of calcium salts.

Hammarsten shewed that rennet will not coagulate milk if all the lime is removed.

Arthus and Pagès received blood from the vessels into a solution of ammonium oxalate (in the proportion of 1 in 1,000), and thus *deprived it of its coagulability.*

Pekelharing prepared from different forms of plasma substances having the properties of globulins, but no fibrinoplastic properties, which, however, were acquired on the addition of calcium salts. He regards fibrin as a compound of fibrinogen with calcium, the latter being handed over by the ferment.

Lilienfeld considers that the leucocytes initiate clotting, and named a substance obtainable from them "nucleo-histone"; this can further be split up into a nuclein-like body and histone; the former causes clotting, the latter inhibits it, and he supposes that in the normal process of clotting, the calcium salts of the blood split up this body by combining with the histone, so setting the nuclein free.

The lecturer concluded by indicating briefly the more important events in clotting. He laid stress on the fact that the plasma was living and contained substances which could not be isolated as they there exist; when the blood is shed these break up into others which can be isolated, namely, into A. and B. fibrinogens, some of the B. fibrinogen being converted into C. fibrinogen (Hammarsten's fibrinogen). By the interaction of A. with B. fibrinogen soluble fibrin is formed, which becomes insoluble by further combination with calcium salts: at the same time, fibrin ferment is formed which acts upon C. fibrinogen, more soluble fibrin being formed, which in a similar way combines with the calcium salts.

C. J. H.

Errata in Dr. Starling's Lecture on Lymph Secretion.

P. 161, GUY'S HOSPITAL GAZETTE, May 13th, 1893. Line 23 from top, *for* traumatic *read* pleuritic; line 17 from bottom, *for* Chennes' physical *read* chemico-physical; line 16 from bottom, *for* Ludvig *read* Ludwig; line 4 from bottom, *for* Toma *read* Tomsa. P. 162, line 14 from top, *for* Rogowiez *read* Rogowicz. P. 163, line 12 and 8 from bottom, *for* Ostronsnoff *read* Ostroumoff.

LECTURES AT THE COLLEGE.

DR. BRADFORD'S RESEARCHES ON THE PHYSIOLOGY OF THE KIDNEY.

This research, which was commenced four years ago had, the lecturer explained, a two-fold object, and was, at the outset, pathological rather than physiological. The objects were (1) to determine whether cardiac hypertrophy was due to a kidney lesion, and (2) to determine the ætiology of uræmia. But, as the research proceeded, he quickly altered his intention in a physiological direction, and his object then became to ascertain (1) the minimum amount of kidney substance necessary for maintenance of the healthy organism, and (2) what rôle the kidney played in the nitrogenous metabolism of the body.

The aim of the experiments performed was the diminution of the kidney without damaging the remainder.

The method adopted was excision: first, of a wedge out of one kidney; and second, of the whole of the other kidney. This involved two separate operations. The first, or partial nephrectomy (a severe operation), of removal of a wedge out of one kidney. This, after complete recovery, which took place after a short interval, scarcely more than a week, was followed by complete single nephrectomy, in which the second kidney was removed intact. The second was only a trivial operation, and was quickly got over. Twenty-eight dogs were operated on once, and on nineteen dogs both operations were performed. Nine dogs died before the first interval; four of chloroform poisoning; in three the wound became septic, and they had to be killed; one died from hæmorrhage; and one from progressive emaciation.

A complete experiment was then described. An animal of known weight was taken and kept in the laboratory for weeks on a constant diet. The dog was then put in a chamber which had a stone floor, with a known quantity of food. The dog was allowed as much food, either biscuit or meat, as it required, the amount taken being ascertained by putting in small weighed quantities so long as the animal continued to eat. The urine was collected and measured and the fæces weighed. The nitrogen was determined in the food and in the fæces and urine.

The dog was kept under observation in the urine chamber for a week; the first operation was then performed, and after complete recovery the animal was put in the chamber for another week. The second operation was then performed, and after recovery from this the animal was put in the chamber for a further period of a week.

The effects of the first operation were hæmaturia, slight wasting and pyrexia, until after the first week.

The animal was not put into the chamber after the operation until the initial weight had been recovered, in the case of those which shewed no emaciation.

The effect of the second operation depended on the amount of kidney substance which had been removed.

Of the nineteen dogs which were operated on twice, eight dogs suffered no ill effects after the second operation, and were killed in a healthy condition.

In eleven dogs the second operation was followed by death, the longest survival being fifty days, the shortest five days.

An average of the results in the eight dogs was as follows:—

Average weight of dog taken = 6·3 kilogrammes.
Amount of kidney found p.m. = 15·7 grammes.
Ratio of kidney substance in grammes per kilogram of body weight ... ... = 2·5
In normal dog ... ... = 6·7
On the average one-tenth of the body weight was lost after the operations.
About two-thirds of the whole kidney substance was removed.

	Before operations.	After.
Average amount of urine passed =	116 cc.	240 cc.
Containing urea... ... ... =	7½ gms.	8 gms.

In the second series—(the eleven dogs).

Average weight of dog = 6·4 kilos. before operation.
" " = 4·1 " after "
Loss of body weight from ⅓ to ⅔.
Amount of kidney found p.m. = 10·2 grammes.
Ratio of grammes per kilogram of body weight ... ... = 1·6 "
Normal ditto .. .. = 6·7 "
Urine passed per diem after 1st operation = 140 cc.
" " after 2nd " = 440 cc.
About ¾ of total weight of kidney substance removed.

The result was great emaciation, greater "hydruria," and death.

The amount of urea passed was increased. No uræmic symptoms were noticed; the temperature, in all cases, fell to 98°, 97°, or 95° (normal temperature of dog = 102°).

In these dogs ulcers developed about the exposed parts, sordes appeared on the gums. They had severe diarrhœa towards the end. No abnormal element was found in the urine, and there was no albuminuria except in one case.

The blood pressure was always high, never lower than 100 mm. Hg. There was also an increase of urea in the blood. If the ureters of a normal animal are tied, there is an increase of urea in the blood, but with a fall of blood pressure.

The blood of normal dogs contains:—

·015—·02 per cent. nitrogen reckoned as urea, while the blood of the cachectic dog, whose urine contained increased percentage of urea, contains:—

·36—·4 per cent. nitrogen reckoned as urea.

The nitrogenous extractives were increased in the tissues, a larger quantity being found in the muscles and blood than in the liver and brain. The specific gravity of the serum was lower than normal (1024). The ash of the serum was found to be diminished from ·9 per cent. to ·5 per cent. The proteids in the blood were diminished, while the nitrogenous extractives were increased.

The effect of removal of small wedges from each end of one kidney and the whole of the other kidney, was to produce hydruria without any emaciation, although the mutilation of kidney was greater, while the actual loss of substance was less.

The results could be summarized as an increased nitrogenous metabolism, and the excess of extractives, urea, etc., found in the tissues was a primary result due to an increased manufacture of these bodies.

If three-quarters of the whole kidney substance was removed, it was followed by polyurea, wasting, and death; but if two-thirds only was removed, the result was hydruria (*i.e.*, a dilute urine) without wasting.

To explain these results three hypotheses might be put forward.

1. That the operations set up an irritation and the disordered metabolism as a result,—

The nervous hypothesis.—

2. That the kidney accumulates a poison in its substance which normally is excreted,—

The retention hypothesis.—

3. That the kidney has a metabolic function or an internal secretion, by which it adds some substance to the blood which is necessary for the metabolism of the body, and without which the tissues break down (c.f., the function of the thyroid),—

The metabolic hypothesis.—

Against the first hypothesis were the following facts:—

(i.) That the results were not obtained until three-fourths of the kidney substance was removed, and did not follow when only two-thirds had been removed, though in the latter case the mutilation was as great, or might be greater, than in the former.

(ii.) Irritation by a simple incision into the kidney of a normal dog produced no results.

(iii.) Cutting the renal plexus was not followed by any of these effects.

The evidence against the second hypothesis was not so marked. Analyses of the urine shewed absence of none of its normal constituents, and analyses of the blood gave no evidence of the retention of any known substance.

The kidney does not fail to excrete the salts, as shewn by the diminution in the ash of the serum.

The following experiments were carried out to test the hypothesis:—Three operations were performed on a dog, a wedge taken out of one kidney, a smaller wedge out of the other kidney, and finally the second kidney removed.

Results—

	Grams.	Urine passed.	Urea Gms.
After 1st operation, food taken	= 183	163 cc.	8·8
„ 2nd „ „	= 171	261 cc.	8·1
„ 3rd „ „	= 143	162 cc.	8·8

The 1st wedge weighed 8 grams. Dog weighed 17lbs.
2nd „ „ 5 „ before operation,
2nd kidney „ 18·8 „ and 14½lbs. after.
Kidney, found p.m. 14·5 „

No cachexia was developed, because only two-thirds of the kidney substance had been removed.

Slight hydruria followed the second operation, but, instead of this result being magnified after the third operation, this animal returned to its condition after the first operation.

In another animal larger wedges were excised.

Results—

	Grams.	Urine passed.	Urea Gms.
After 1st operation ... food taken	= 181	205cc	11
Immediately after 2nd operation „	= 187	410cc	11
At later period ... ... „	= 166	360cc	6·5
Later still ... ... „	= 200	305cc	10·5
After 3rd operation ... „	nil.	484cc	11·6

After 3rd operation the dog refused to eat, and wasted, losing about 1lb. a day, having to be killed after fifth day.

In this case, more than three-quarters of the kidney substance had been removed, and so cachexia followed, but not until after the third operation. On a starvation diet the animal had polyurea, and passed an increased quantity of urea. Post-mortem this dog was found to have only 8½ grammes of kidney, 40 grammes having been removed.

These results were compared with the thyroid and pancreas, where three-fourths in one case and the entire gland in the other had to be removed before the characteristic results followed.

The cachexia should be checked by transplanting a wedge of healthy kidney into the mutilated kidney; but up to the present Dr. Bradford has not succeeded in producing this effect, and this he attributes to the difficulty there is in getting the new wedge to unite with the mutilated kidney before being absorbed by the peritoneal cavity. Post-mortem, a considerable increase of fat was found, and the wasting was especially muscular.

CHOLERA INOCULATION.

As we out here are now in the midst of a Cholera Inoculation epidemic, perhaps a few notes on the subject may be acceptable to your readers. In this hotbed of cholera we are naturally a bit superstitious in our belief in the hundreds of preventives of and cures for the disease which are so frequently springing up, are tried for a time, condemned, and their voice is heard no more in the land. The Salol and Strophanthus are the only two recent treatments that have made any headway. Professor Haffkine, of the Pasteur Institute, Paris, is our Apostle of Inoculation, and he gave us a very interesting lecture at the College Hospital last month. His text was that microbes can change their characters, and be converted by cultivation into vaccines of known strength and power. He based his theories on his belief that the comma bacillus is the true and only cause of the disease. It has been found in the various epidemics in India, Egypt, Cochin China, Russia and Germany. By inoculation with this cultivated bacillus, symptoms may be produced in animals similar to those which occur in a human being who is suffering from the disease. Early observers failed to obtain these results, because the virus used by them was not strong enough to overcome the natural insusceptibility of the animal experimented upon. By cultivating the microbe in the peritoneal cavity of a series of animals, a virus of 120 times the strength of the ordinary virus of disease is obtained. This is the virus *exalté*. Now to apply this as a preventive. The cholera microbe is only at home in the intestine; under the skin it is harmless. Just the reverse to snake poison. But this virus *exalté*, if injected under the skin, in man, causes inflammation and extensive destruction of tissue. Therefore, to prepare the system for the reception of the virus *exalté* a weaker virus is required. It was discovered that by cultivating the microbe at a temperature of 39° C., freely exposed to air, this irritating property is obliterated. That is what is done, and this is the weaker virus.

The injections, two in number, are usually made in the right flank. The first, with the weaker; the second, with the stronger virus; an interval of eight or ten days being allowed to lapse between the two. Each injection is followed by slight rise of temperature, general malaise and lassitude, with some local swelling and pain at the seat of puncture. After a day or two all these symptoms disappear. Then the inoculated person is proof against contagion. Professor Haffkine omitted to point out to us how it is that cholera itself is not a preventive against a second attack in the same person. Surely if inoculation is a preventive the disease itself must be a more powerful one; for inoculation is professed to be not merely a mitigant, but an absolute preventive of the disease. The Professor showed us three guinea-pigs which had been inoculated with the weaker virus seven days, and with the stronger virus eight hours, before his lecture. They looked jolly enough; but two others, which had been inoculated with the stronger virus, straight off the reel, five times previously, looked extremely cheap. We were also informed that guinea-pigs treated to an alcoholic diet before and after inoculation, died very quickly. ("Ship and Shovel" frequenters, please note.) Theoretically the whole scheme is very pretty, time alone will show results. One up-country paper, in a leading article, lauding the Professor and his theories up to the skies, finishes up by glorying in the fact that "over 700 inoculations have already been performed in one town alone, without any apparent evil results."

Calcutta, May 15th, 1893. F. K. BUTT.

ACKNOWLEDGMENTS.

The "Cambridge Review"; the "Hospital"; the "Philanthropist"; Practical Bacteriology; Migula.

PERSONAL RECOLLECTIONS OF GUY'S IN THE FORTIES.

V.

BLUNDELL, ASHWELL AND LEVER.

Had the midwifery patients of the Guy's Maternity Charity been admitted within its walls, it would have required at least four wards of thirty beds, each constantly full. This would have attracted the attention of the physicians and surgeons much more than it did in the past or does in the present. Indeed the work necessary for its well-doing, on the part of the physicians guiding it, is almost unrecognized, and yet it is the one branch of hospital work which is most exposed to the gaze of the public, and more liable to receive a sympathising criticism than any other department. Now, the Midwifery School of Guy's has always been a large and good one, and particularly useful to the student, because the number was made up, not by the assistance of midwives as was often the case at other hospitals. It has been remarked that on the Continent men are taught midwifery, while in England they learn it. I believe, however, the judicious combination of both plans is best. Yet what a man learns himself is retained and understood much longer and better than when he is the passive recipient of the professor's knowledge. But when, at the same time, he has the whole responsibility of the case in his hands, how much more carefully does he watch every symptom and variation! Not but that, in this æsthetic age, there is, as usual, some thorn with the rose, such as I remember even in the Forties, in the slums behind the Hospital, *e.g.*, Palmer's Rents, when one had to wait the pleasure of the os uteri in a room on the ceiling of which not only the ordinary dipteræ ran, but much too freely, specimens of all ages of an apterous hemiptera not unknown, which, not having the wonderful pads of the fly, occasionally lost hold, and dropped incontinently on anything below. I do not know how the present Externs overcome these unpleasant episodes, but I can recommend them a plan I adopted with fair success. Obtain a wooden chair, put your hat on your head, sit in the chair with your feet off the ground on the rail. This latter movement is useful where also orthoptera prevail. I can hardly recommend this plan when sleep is to be wooed; but then, O! Extern, anxious and conscientious, you would not think of nodding with such responsibility, lest, O! Scientific Student, you should fail to observe (1) The Flexion; (2) The Internal Rotation; (3) Extension; (4) External Rotation, and, awakened at last by an incipient cry, you only can observe (5) External Restitution; or Nature, taking advantage of your fatigue, mixed up the aforesaid movements in a jumble, and, while you were trying to make out L. O. A. position, She completed labour in an unscientific manner unworthy of her renown, landing Liq. Amnii Fœtus (now baby) and placenta on your lap or up your coat sleeve. Now, probably, experience, personal and responsible, will have taught you much more useful things than where you simply stand as listener and spectator, or when (as I knew in one institution) the pupils kept in their smoking room till the head was on the perinæum, the nurse then ran down to announce the fact, the pupil ran up, and the child being in transitu, was soon in hand, when the pupil descended to finish the pipe, on the "midwifery made easy" principle. This never has occurred at Guy's, and whatever midwifery was learnt had staying quality.

May I be pardoned for quoting a case which occurred in the "Sixties," when I was Assistant-Obstetric Physician, because it shows the difference between hospital and home practice. I was called one evening by the "senior" to a case of placenta prævia, with arm presentation, in a primipara from the Sister Isle, some generations back. Present: mother, sister, husband, and two externs, two obstetric residents, and myself. The patient was very good, and only exclaimed a little during examination. But the mother constantly exclaimed, "Give her time, dochter!" I made attempt to turn, but the mother interfered with the above expression. I advised chloroform, but the mother would not have it given, and soon frightened the patient that she called out the more. I remonstrated, and said she might die if not helped, but to no good. I once more began to try to turn, but the husband, neutral before, now sided with the mother, and on looking round I saw one resident with a glass rolling-pin in his hand, and the other with the ash-pan, both of which had been forcibly removed from the ladies above-named, and thus my head was spared some slight contusions. Seeing matters were getting serious, I got them to send for the priest, to whom I explained the danger, but it was all the same, and after threatening them with "crowner's" law in case of death, we gracefully retired, fairly beaten, notwithstanding superiority of numbers. Next morning the residents were sent for to the same patient, and with great exultations they went down, thinking that they had triumphed. But—alas for human pride!—the child and placenta was born, and the patient all right. Notwithstanding every artifice they never found out what had occurred. "Niver a bit," how the five "dochters" were done by two women.

I never saw Blundell. He had retired from the Hospital. But I heard about him in many ways. An old spinster friend, of rigid propriety, the terror of her nephews and neices, who would never do a shabby thing, consulted Blundell, and on leaving presented him with his fee wrapt in paper. As she was leaving the house, the attendant came down quickly saying, "Master thinks there must be some mistake." There was a new farthing inside the paper. It then flashed upon her that she had given him one of four she had wrapped up to present to her nephews that afternoon. It was a habit (now not unknown) of some patients omitting the shilling on presenting the fee, but Blundell kept a long double silk purse with nineteen shillings in each end, and when a patient was sorry she had no shilling, he rejoined "Never mind, my dear, I can give you change. I dare say you have a sovereign."

He was a stickler for the proper rules being carried out in consultations, which he did with much ceremony. On one occasion, I was told by the medical attendant, holding a lighted candle in each hand he went in procession, two doctors following.

But Blundell must be considered the founder of the Obstetric School at Guy's, far in advance of his time, not only in performing, but in suggesting novelties. These will be found narrated in Dr. Wilks' book on Guy's Hospital. There was an aphorism he was very fond of repeating, namely, "Meddlesome midwifery is bad," and this led many to think that any interfering with delivery was bad. But the truth was that in his time a great deal of ignorant interference prevailed, and medical men carried about waiscoat pocket forceps and vectis, constantly using them. Does not the aphorism hold good whenever we interfere with Nature unnecessarily?

Ashwell was lecturer on midwifery in my time. He was a clear, fluent lecturer, and so graphic that in describing the effect of taking Liq. Potassæ internally on a fibroid tumour, you could almost see it melting away. He is well described in "Book of Guy's." But he was very fond, when late to lecture, of apologising to the class on account of having been detained at the delivery of the Duchess ——, or Lady ——.

Lever kept up the work Blundell had dropped. I was clerk to him when he was bringing into notice the fact of albuminurea being a pretty constant accompaniment of puerperal eclampsia. He was, I believe, the first to notice the not infrequent fact that the os uteri was liable to be split on one side in labours. He remarked when he pointed a case out to me, that he had been laughed at when he mentioned it to medical men. From that time I have kept my attention directed to this point, which, when the American gynæcologists recognized, frightened them much, and operations were multiplied and fees increased. When Lever entered the ward there was an atmosphere of action about it. Lever gave an impetus of energy and of interest in the cases. His manner was kind, though firm, and to the student he was always sympathetic. Dr. Oldham was at that time assistant obstetric physician, and he kept up the traditions. One of his papers has become "classical," namely, that on the "Cupped Placenta," which has given explanation and point to a class of cases very formidable and difficult to deal with; but as he is still living I must not say more than that, on Lever's death, he became a most kind and sympathetic colleague.

J. BRAXTON HICKS.

Marriage.

ROBERTS—WATTS.—May 18th, at All Saints' Church, Colchester, by the Rev. T. G. Gardiner, M.A., John Lloyd Roberts, M.D., B.S., B.A., B.Sc.Lond., F.R.C.S. Eng., of 110, Princes Road, Liverpool, to Maude Rose, youngest daughter of L. J. Watts, Esq., of Colchester.

THE HOSPITAL "BLUE."

The following applications have been received for the Hospital "Blue":—

For Rugby Football.

Allport, A.	Cooper, H.
Bryant, J. H.	Dunn, L. A.
Burghard, F. F.	Fawcett, J.
Cloud, F. H. L.	Robinson, W. E.
Coleman, J. G. B.	Steele, G. H.

For Association Football.

Fisher, W. H.	Packer, H. D.
Holman, H. T.	

For Cricket.

Busteed, J. H.	Lewis, J. A.
Colclough, F.	Luck, E. S.
Fagge, C. H.	Scott, W. J.

For Tennis.

Colley, C. R.

For Athletics.

Beyts, W. E.	Sichel, G.
Lewis, J. A.	Wilmot, P.

H. HEWETSON,
Hon. Sec. "Blue" Committee.

PASS LIST.

ROYAL COLLEGE OF SURGEONS, ENGLAND.

Final Fellowship Examination, May, 1893.

Daldy, A. M.	Salter, C. E.
Fripp, A. D.	Taylor, T. R.

UNIVERSITY OF DURHAM.

Recommended for the Degree of Doctor in Medicine for Practitioners of Fifteen years' standing.

J. T. Jones, M.R.C.S., L.S.A.

Examination for the Degrees of Bachelor in Medicine and Bachelor in Surgery, April, 1893.

W. T. B. Donnelly.

CALENDAR OF COMING EVENTS.

June 10th.—1st XI. *v.* Surbiton, at Surbiton.
2nd XI. *v.* Highgate School, Highgate.
,, 12th.—Last day for applying to Registrar for Form of Entry for Preliminary Scientific Lond.
,, 13th.—Prize Competition—Fourth Year's Students.
,, 14th.—Third Conjoint Schedules to be left at Medical Office not later than this date.
1st XI. *v.* Rickmansworth, at Rickmansworth.
,, 15th.—Prize Competition—Third Year's Students.
,, 17th.—1st XI. *v.* Brentwood, at Brentwood.
2nd XI. *v.* Old Cranleighans, at Brockley.
,, 20th.—Rifle Association.—Guy's *v.* Charing Cross, at Ilford.
,, 21st.—1st XI. *v.* Forest Hill, at Brockley.
2nd XI. *v.* Bromley, at Bromley.
,, 22nd.—Athletic Sports, Stamford Bridge Ground.

Passim.

WE are glad to hear that Sir John Lubbock has consented to open the New Buildings, and, incidentally, to distribute this year's prizes on the same occasion.

He is a scientific man and also a man of affairs. In both capacities he will be able to appreciate the recent development of our School, and doubtless will tell us something worth hearing from both points of view.

THE new Clubs' Union blue-book will shortly be ready. It will be found to contain a complete Guyite directory of a most useful kind. The Dean will rejoice that this pet scheme of his has at length become an accomplished fact. As we said the other day, the idea of a special Hospital directory was first mooted in these columns, though Middlesex managed to get one out before us.

IT is interesting to observe how little difficulties that we have ourselves solved are treated at other hospitals. At George's, for instance, there is just now a desire to start a Debating Society. The suggestion has called forth quite a lively correspondence in the *St. George's Gazette*, born of the fear that such a scheme would wreck their Hunterian Society, which corresponds to our Physical. We can assure the authorities at George's that the latter suffered nothing from the establishment of our very successful Debating Society last year.

A SHORT time ago we published the Draconian Code by which the affairs of the Hospital were regulated in the last century. To-day we give a selection from the rules of the Physical Society, of date A.D. 1820. The latter, though some fifty years later than the above-mentioned code, still breathe the spirit of that formulated discipline in which our fathers delighted. Fancy that penalty of a shilling imposed upon every absentee from a meeting, or that other shilling extracted from him who should refuse "to hold up his hand on one side or the other"! (Chap. I., Rule VI.)

WE have before us a document which indicates a transition period in the way of discipline in an amusing way. This is the fines-book of the librarian at Guy's, of date 1840. It is a formidable list of penalties for books overdue. But opposite nearly every entry there is the significant comment, "Refused to pay." How much we owe to the courage of our predecessors!

IT will be remembered that we last year published an analysis of the issue of books from the college library. The librarian has now sent us his report for the year just closed. There has been a total issue of 572, as compared with 562 in the previous year. Fiction, of course, is again by far the most popular item, the favourite work of the year being Hardy's "Tess of the D'Urbevilles." Closely following this comes "Blanche Lady Falaise" and "The Little Minister." George Meredith is well to the front—his "Diana" having maintained her popularity ever since the library was opened. Poetry is, with us, by no means a drug in the market. Last year it was only beaten by fiction, sport, and science, while now it has deposed the latter and stands third on the list, Swinburne seeming to appeal most to the Guyite taste. In the domain of criticism we note that Mr. Augustus Birrell, with his "Obiter Dicta," is a great favourite. The fact stands out very clearly that modern authors are chiefly read. Whether or no this is to be thought a satisfactory symptom will depend upon the point of view.

THERE are two items of news from the world of examinations on which our readers may well congratulate themselves. First, our Final Fellowship Pass List, which shows a cent. per cent. success: and second, the List of Examinerships found on page 216.

THE authenticity of the following case of shocking cruelty to a medical man is vouched for by a member of the Staff. The doctor had recently vaccinated himself, and a lady friend was expressing her desire to undergo the same operation:—

MEDICO (*Hibernian and good-natured*): "Shure ye can have the lymph from me own arrm."

LADY FRIEND: "No, thanks; there's enough insanity in our family already. (*Pause.*) I would rather have it from some other calf."

The following is a copy of the illuminated address presented to the late Matron, to which we referred in our last:

TO

MISS VICTORIA JONES,

LATE MATRON OF GUY'S HOSPITAL.

DEAR MISS JONES,—We, the undersigned, who have taken various parts in the work of this Hospital during your ten years' tenure of the office of Matron, beg to offer you a PURSE OF ONE HUNDRED GUINEAS as some mark of our appreciation of your services, with sincere expressions of regret at your having to resign your post.

We recall with pleasure the unvarying intelligent interest you shewed in your difficult and laborious situation, your kindness and courtesy towards all with whom you came in contact, and your single desire to promote in every branch of your work the welfare of the Hospital.

With all good wishes for you in your retirement,

We are, yours faithfully,

HENRY H. GIBBS, *President.*

ED. H. LUSHINGTON, *Treasurer.*

Chas. Barclay	Lucy Henry
H. Cosmo Bonsor	J. Gilmore *(Deaconess)*
Arthur Cazenove	Maria Rawlinson
J. H. Fellowes	Mary B. S. Fraser
Wm. Cameron Gull	E. M. Hancock
R. M. Harvey	Beatrice Hancock
Samuel Hoare	Eleanor Carr
Henry W. Peek	A. E. Daniell
Oswald Smith	Elizabeth C. New
J. A. Shaw-Stewart	Grace Gordon
F. W. Pavy	E. C. Mugford
P. H. Pye-Smith	Elizabeth Farrow
A. E. Durham	Rachel C. Eames
N. Davies Colley	A. R. Bolden
A. L. Galabin	Ada Currey
P. Horrocks	M. Fisher
W. Laidlaw Purves	K. B. Brereton
W. A. Lane	M. G. Lendrum
J. W. Washbourn	E. Eames
Thos. Stevenson	Charlotte Glossop
E. C. Perry	Jessie Woodford
C. H. Bowden	Constance Savory
Florence C. Nott-Bower	L. M. S. Hilton
Henry Williams	A. E. Poolman
Samuel Prior	Elsie Poolman
Henry Collier	L. Harwood
R. W. Robbins	Charlotte Charleton
Victor Andreoletti	Linda Ditchman
Algernon Gilliat	Grace E. Abraham
A. J. Mason	M. A. Holland
G. H. Metcalfe	P. Cumberland
E. Easton	F. E. Duckworth
Elizabeth Marsh	Florence Darby
Edith Oldham	E. C. Yarborough
Caroline D. Acland	

A SELECTION FROM THE LAWS OF THE PHYSICAL SOCIETY PUBLISHED IN 1820.

CHAPTER I.

Of the Society, its Meetings, &c.

I.—The Physical Society shall consist of Honorary Associates, Honorary, Ordinary, and Corresponding Members; together with the Officers hereafter specified.

II.—The Society shall be convened on the first Saturday in October, and continue to meet on the same day of each succeeding week till the second Saturday in May. The Meeting shall commence at seven o'clock, and close at ten.

III.—The names of the Ordinary Members shall be called over at the beginning of the private business; and every Member who is not present at that roll call shall be fined in the penalty of one shilling.

IV.—The business of the Society shall be of two kinds; public and private. The public business shall consist in the communication of cases and opinions; and shall commence as soon as the private business is concluded. The private business shall include all other matters in which the Society may be concerned, shall be transacted as soon as the names of the Members are called over, and shall not be continued after half-past seven o'clock.

V.—In every question relative to the business of the Society, and not previously settled by the laws, any Member may demand a determination by ballot.

VI.—To decide any question when a ballot shall not be demanded, the mode shall be by show of hands: any Member refusing to hold up his hand on one side or the other, shall be fined one shilling.

VII.—No motion shall be made for the alteration of an existing law, without a week's previous notice being given of the same.

CHAPTER II.

Election of Members.

I.—Not any one shall be admitted a Member unless he shall have been regularly proposed, seconded and elected; such proposal specifying the name of the candidate, must be made in writing, and remain for the inspection of the Members in some conspicuous part of the Theatre, till the ensuing meeting, when it shall be determined.

II.—A Candidate having three-fourths of the votes of the Members present in his favour, shall be admitted; if less than three-fourths, he shall be rejected.

III.—To obviate any mistake in election, each Member shall be allowed to propose his friend a second time, the determination then to be final.

CHAPTER III.

I.—Each ordinary Member shall, on his admission, pay two guineas. Having signed the laws, he shall be introduced to the Society by the President, in the following manner:

Sir,—Through the power and authority delegated to me by this Society, I introduce you as an Ordinary Member thereof.

This form shall also be adopted on the introduction of every other description of Members.

II.—An Ordinary Member being indebted to the Society, and not discharging his debts when called upon, shall be fined five shillings every month that the said debts shall remain unpaid; and if he further neglect to discharge them till after the last meeting of the session, he shall be expelled.

III.—Each Ordinary Member shall, in succession, deliver in a Dissertation on some Physical Subject, under the penalty of ten shillings and sixpence; (recurring at the commencement of every Session to the Senior Member) he may, however, by the special permission of the Society, resign his turn in favor of any other Member.

IV.—Ordinary Members, removing from London, shall, on expressing their desire to the Secretary, in writing, and paying ten shillings and sixpence, be considered as corresponding Members.

V.—Such Gentlemen as have been Ordinary Members of the Society for one year, and faithfully and diligently attended its meetings during that period, and have read two Dissertations, may petition for Honorary seats. Such petition must be in writing, and, having been investigated by the Committee, and approved, shall on the ensuing meeting, be determined. The Candidate having three-fourths of the votes in his favour, shall be elected, and the Society's Honorary Diploma, No. 4, presented to him.

VI.—Such Gentlemen also as have been Ordinary Members of the Society one year, and faithfully and diligently attended its meetings during that period, and communicated two Medical or Chirurgical cases in writing, calculated to promote its interests and views, and read one Dissertation, may petition for Honorary seats. Such petition must be in writing, and, having been investigated by the Committee, and approved, shall, on the ensuing meeting, be determined. The Candidate having three-fourths of the votes in his favour shall be elected, and the Society's Honorary Diploma, No. 5, presented to him.

VII.—Every Ordinary Member not subscribing to the laws, within three meetings after his election, shall forfeit his seat.

VIII.—Foreigners who have been elected Ordinary Members, and diligently attended the Meetings of the Society one session, may petition for Honorary Seats.

CHAPTER IV.

Corresponding Members.

I.—Men of eminence in the profession, not residing in London, may be proposed as Corresponding Members.

II.—Corresponding Members shall be exempt from paying contributions; they shall enjoy the privileges of Ordinary Members; but when in London, and attending the Society, they shall be considered as such.

CHAPTER V.

Honorary Members.

I.—Men of eminence in any of the sciences, may be proposed as Honorary Members. Each shall, on his election, pay the sum of four guineas, and the Society's Honorary Diploma, No. 3, shall be presented to him.

II.—The following clause shall be added to the circular letters sent to such Honorary Member as reside in or near town, informing them of their election.

"*The favor of your attendance at the Society will be expected when convenient, and that you will contribute to promote the prosperity of the institution by the communication of such Medical Cases and observations as may occur in your practice, and which you may deem worthy of the attention of the Society.*"

III.—Honorary Members shall not be obliged to attend the meetings of the Society, nor to furnish papers for discussion; they shall be exempt from fines, except in such cases as shall be specified to the contrary; and they shall enjoy all the privileges of Ordinary Members.

CHAPTER VI.

Honorary Associates.

I.—Such persons as shall have eminently distinguished themselves by important discoveries in any branch of Physical Science, may be proposed as Honorary Associates; on their election they shall be presented with the Society's Honorary Diploma,* No. 1, written upon vellum, expressive of the cause of their election to this honour, accompanied with an address from the President.

CHAPTER VII.

Presidents.

I.—Six Presidents shall be chosen annually, by ballot.

II.—Each President shall take the chair in regular order, according to seniority, and shall act as President during the reading and discussion of one dissertation.

III.—In the absence of all the Presidents, the Treasurer or Senior Honorary Member present, shall be called to the chair.

IV.—The President shall be invested with authority to direct and regulate the discussions; he shall check any unprofitable disputes, and shall be empowered to impose a fine on any Member conducting himself with indecorum, which fine shall not be less than two shillings and sixpence, nor exceed five shillings.

V.—In any question where the votes of the Members may be equal, the acting President shall have the privilege of a casting vote, beside his vote as a Member.

VI.—The Presidents shall be on all Committees.

CHAPTER IX.

Treasurer.

I.—A Treasurer shall be annually chosen from the Honorary Members.

II.—He shall be required to deliver in a statement of the Society's accounts, at the first meeting of the Committee in every month. He shall attend all Committees.

CHAPTER X.

Secretary.

I.—A Secretary shall be annually chosen from those who were Members the preceding Session, and shall receive a salary of fifteen guineas.

II.—He shall be present in the Theatre before the time of meeting, to furnish tickets, &c. His business shall be to keep minutes of the Society's transactions; to call over the list of Members, and to read the minutes; to

*This must necessarily vary in its expression.

collect and keep an account of fines and subscription money; to be accountable to the Treasurer for such sums of money as he shall receive; and likewise to collect ballots and votes. He shall inform Members of their election, and furnish them with a copy of the laws; he shall attend all Committees.

III.—He shall inform the Presidents of their election, within fourteen days from the day of election; he shall send a written summons to the President, whose turn it is to take the chair, together with the dissertation to be discussed at the ensuing meeting one week previous to such meeting; and shall each evening declare to the Society, during the private business, the name of the President whose duty it is to officiate on the succeeding meeting.

IV.—Previous to the first meeting of the Committee in every month, he shall require of the Treasurer an account of the Society's money, &c.

CHAPTER XI.

The Committee.

I.—A Committee shall be appointed, consisting of twelve of the Members, to be chosen by the Society at large, on the last Meeting of each Session. The Committee shall assemble on the Thursday following their election, and again on the Thursday preceding the first sitting of the Society, and shall continue to do so on the first Thursday of every Month during the Session. All the private business (the roll-call and election of Officers and Members excepted), shall be referred to it; and a report of its proceedings shall be laid before the Society at the ensuing meeting. Five Members shall form a quorum.

II.—The Committee shall have the power of enacting such bye-laws as it may deem necessary to regulate its proceedings, and shall nominate three of its Members as a Sub-Committee to inspect the Library, and report thereon once a year.

III.—The Committee may propose men of eminence in any of the sciences as Honorary Members, and, if elected, after being so proposed, the Society's Honorary Diploma, No. 2, shall be presented to them.

CHAPTER XII.

Dissertations.

I.—At each meeting of the Society shall be read a Dissertation on some Physical Subject. No subject is to be brought before the Society twice during the same Session, nor continue in debate more than two evenings unless by a special vote of the Society.

II.—The Member whose turn it may be to write, shall deliver in his Dissertation at least one week previous to the meeting at which it is to be first read. If he neglects to do this, he shall forfeit two shillings and sixpence, and the further sum of ten shillings and sixpence, if not delivered before the meeting next ensuing.

III.—Each Dissertation shall remain at least one week in the Library for the inspection of the Members, at the expiration of which time it shall be read in the Society by the Author, and afterwards be kept by the President till the ensuing meeting, when it shall be discussed.

IV.—The President shall at that Meeting again read over the Dissertation, and point out such parts as may appear proper subjects for debate; when any remarks which may be offered, shall be received. The Dissertation, after having been discussed, shall be deposited in the Society's Library.

V.—Any Member communicating in writing the subject of his Dissertation to the Secretary, shall have such subject secured him.

CHAPTER XIV.

Expulsion of Members.

I.—Any Member dissatisfied with the conduct of another, may accuse him. The accusation must be delivered to the President, in writing, and by him read to the Society on the Meeting previous to that on which it shall be determined.

II.—The accused Member shall be informed by the Secretary of the charge made against him, and of the day appointed for its determination.

III.—The determination shall be by ballot; two-thirds of the Society present approving the accusation, the accused person shall be expelled. If less than two-thirds appear in his favour, the accuser shall forfeit one guinea.

Form of the Special Diploma presented to Dr. Jenner, on his Election as an HONORARY ASSOCIATE.*

SOCIETAS PHYSICA.

Anno M.DCC.LXXI. instituta, et in Nosocomio Thoma Guy habita, omnibus ad quos hæ pervenerint Literæ,

SALUTEM.

Cum meritissimus ornatissimusque Vir, EDVARDUS JENNER, M.D., Soc. Reg. Lond. Soc. non modo ingenii acumine, felici artis Medicæ cultura, animoque ad optimum quodque parato jamdudum inclaruerit; sed etiam Variolæ Vaccinæ insitione, in lucem prolata, stragem hominum Variolarum morbo antenac illatam compescerit, immo fere penitus in futurum represserit, sicque dirum illud mortis telum obtundendo *de genere humano optime meruerit*, notum facimus, NOS prefatum Virum PRIMUM inter SOCIOS MAXIME HONORANDOS adscivesse et retulisse. In cujus rei fidem, has literas, meritissimis tantum concessas, manibus nostris signatas, expediri lubentissime jussimus.

Datum Londini
Ex Ædibus
THOMA GUY fundatis,
Die vigesimo Martis, M.DCCC.II.

No. 2.

Form of the Diploma presented to Sir Humphrey Davy, on his Election as an HONORARY ASSOCIATE.

SOCIETAS PHYSICA.

Anno. M.DCC.LXXI. instituta, et in Nosocomio Thoma Guy habita, omnibus ad quos hæ pervenerint Literæ.

SALUTEM.

CUM insignis ille præstantissimusque Vir HUMPHREDUS DAVY, Soc. Reg. Lond. Soc. et Sec. non modo ingenii acumine, felici Artis Chemicæ cultura,

* The title given to a class of Members who have distinguished themselves by some important discovery, or improvement in their Profession.

animoque, dum vix ex Ephebis excesserat, ad indagationes utcunque difficiles obcundas parato, inclaruerit; sedetiam Electro-Chemiæ virtutibus uuperrime in lucem prolatis, corporum naturam hactenus occultam, manifestam fecerit, sicque limites scientiæ summopere augendo *de Philosophiæ Fautoribus optime meruerit.* Notum facimus, Nos præfatum virum inter SOCIOS MAXIME HONORANDOS adscivisse et retulisse.——In cujus rei fidem has literas, præstantissimis tantum concedendas, et Uni Soli antehac concessas, manibus nostris signatas, expediri lubentissime jussimus.

Datum Londini
Ædibus
THOMA GUY fundatis.
Die septimo Aprillis, M.DCCC VIII.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—I should like to call attention to the anomalous position of the Rifle Association from a financial standpoint. As is probably known, the Clubs' Union did not see its way to admitting the Association, and consequently no financial help is obtainable in that quarter. I also understand, from a member, that the Staff entered into a compact not to support any institution not belonging to the Union. They are, therefore, debarred from helping with subscriptions, though, it is true, certain members generously assisted with donations on the re-floating of the Association. Two items of special expense are entailed annually, viz., the subscription to the United Hospitals' Rifle Association (£2 2s.), and the entrance fee for competing for the Cup at Bisley (£1 5s). Moreover, two prize competitions are to be held this year, for which prizes must be procured, in default of presentation of same; and it is usual to give a cup to the man making the highest score for our team at Bisley. Under these circumstances, assistance in any form will be gratefully accepted by the Secretary,

H. FULHAM-TURNER.

DEAR MR. EDITOR,—One of the effects of the excellent series of lectures which Dr. Perry is giving, is going to be a grumble—just a little grumble. Eager for further knowledge of eczema, after the first of the course was over, I went from the lecture hall to the museum. Here, I thought, is the very El Dorado of pathological studies. Here I will learn all about eczema. I took up what to me appeared a typically eczematous arm, and after admiring it, glanced down for the familiar word on its label. Mr. Editor, a fantastic Latin phrase, ending in ——osum, stared at me from the bottom of that jar, and just humbled me.

I turned to another specimen, with no better success. Another, and I left the museum in despair.

The skin model department of the museum is not as well frequented as it might be, and I think those big weird names have something to do with the matter.

The classics are few, and the "ordinary" finds the labels on the specimens so puzzling that he fears to confound the little knowledge of dermatology which he possesses by endeavouring to master them.

I do not think it would be a difficult matter to form a committee to scrub these old labels off, Mr. Editor, if our good dermatologist would write new and simpler ones.

ECZEMA—not
"——OSUM."

Guy's Hospital,
June 8th, 1893.

WHY SIXTY MINUTES?

SIR,—I fail altogether to understand why it is considered essential that such a function as a lecture should always endure for a definite fraction of the earth's rotation period. Why is it so much a matter of honour among academic lecturers that they should engage their audience for exactly one twenty-fourth of the diurnal round? It is a tradition, of course; but in these scientific days, we should seek for other sanction than that of mere tradition.

There is no evidence whatever that a period of sixty minutes yields (with average mental mechanisms) the maximal reaction for this particular form of stimulation. On the contrary, the results of an enquiry which I have instituted—I hope upon strictly scientific lines—tend to show that it is quite otherwise.

Take an average man, say a Guy's man who is neither a medallist nor a "blue" (for these are signed up without attending lectures). Let him, for the purposes of the experiment, choose that lecturer and that subject in whom and in which he finds the greatest pleasure. Let him now check his feelings by the clock. He will find that, at the expiration of forty minutes, pleasure has given way to fatigue. I do not select this particular period of time loosely. I have asked a large number of men to test themselves in this manner, and their statements tally so closely that I am inclined to think that from thirty-five to forty-five minutes (or taking the mean, forty) is a real physiological Constant—the period of efficient receptivity. All, without exception, agree that the last fifteen minutes of a sixty-minutes' stimulation induces fatigue, and is worse than thrown away. In these days of text-books it is but a platitude to say that a lecture should stimulate rather than supply facts; it is, therefore, all-important to get at the period during which the stimulation should act in order to get a maximal reaction.

In my own case I am quite certain that a sixty minutes' exposure (changing one's metaphor) to the intellectual light of the lecture is too long; the picture gets blurred. Forty minutes, I repeat, will be found experimentally to come very near to the *scientific period of efficient receptivity* (I am proud of the phrase, Sir,) for the average organization.

Let your readers record their own experiences in the matter; I think they will agree with mine.—I am, Sir, &c.,

'O.

A CASE OF HYSTERIA SIMULATING BILATERAL DISLOCATION OF THE LOWER JAW.

A woman, aged 42, came to the front surgery alleging that her jaw was out, the result of what her friends described as an epileptic fit.

The appearance at first sight suggested that dislocation had really taken place, the chin being depressed and fixed; and the prominence corresponding to the malleolus being well marked and somewhat advanced in position.

There was no lateral displacement of the symphysis. The usual methods of reduction were tried by a stalwart dresser for some time without effect, but prolonged pressure gradually brought the teeth together in their proper relative positions.

On releasing the jaw, however, the downward displacement occurred again at once, and this made us suspect that the whole thing was functional.

The probability of this view was supported by the facts; firstly, that no snap or anything of that nature occurred when the displacement was reduced; secondly, that the patient denied any diminution of pain after reduction; and, thirdly, that the point of the chin did not recede when the teeth were made to meet.

Prolonged pressure again effected closure of the mouth, and this time the jaw was kept up by a bandage.

The next morning, to our satisfaction, the patient was absolutely well, and could use her jaw sufficiently to give her previous history; she having been unable to speak the day before. She had suffered from the following:—globus, clavus, vomiting, unilateral tingling and numbness, temporary aphonia and amblyopia, with occasional fits. The patient volunteered the statement as to loss of sight, no question being asked relative to the eyes.

E. T. E. H.

GUY'S HOSPITAL DENTAL DEPARTMENT.

PRACTICE DURING MAY, 1893.

Gold Fillings	297
Amalgam ,, ...	187
Osteo ,, ...	120
Perm. G.P. ,, ...	8
Temp. G.P. ,, ...	87
Artificial Crowns	10
Scalings	15
Dressings	110
Attendances for Mechanical Appliances	35
,, Extractions under Anæsthetics ...	481
,, ,, without ,, ...	542
Advice	87
Total	1979

WHIFFS FROM THE SMOKE-ROOM.

SCENE, *Smoking Room.* TIME, *5 p.m. Monday.*

Mr. Lane's dresser.—Had slow afternoon—wretched poor cases. Rickets and phimoses bore one to death Don't you think Mr. Lane must get horribly weary? and the mothers are so absurdly stupid.

Oxford man.—Disease, the result of over-feeding. What a gruesome contemplation!

Mr. Lane's dresser.—There is certainly no excuse for these selfish mothers, and there will be less excuse still when we get our Scarlet Papers published.

Socialist.—Scarlet papers?

Mr. Lane's dresser.—Yes, they're being printed. Each will contain excellent information: banqueting to be less frequent, the menu more restricted, and mothers are admonished to wean their children before puberty. Knowing for certain that almost all diseases are primarily caused by bad feeding, these Scarlet Papers will be a new weapon with which to combat the crass stupidity of mothers.

Socialist.—Don't talk like that, sir! This stupidity is engendered by the plutocrats stamping down the sons of toil (here Pantagruel intervened, lest hot words might result).—Anyhow, as a reformer, I shall welcome the Scarlet Papers. I wonder who originated the idea?

Fat man.—Lucky student of the future to be able with a slip of red paper to save so many tiresome words. Printed advice is *so* impressive, and I really believe it will be thankfully received by many.

Pantagruel.—Leastways, let that be our hope.

Fat man.—The Scarlet Papers will of course deal with the evil, and so treat the disease when developed. I think, however, that we should be acting with more wisdom if we dealt with this matter before the disease developes. As it is, our advice comes too late.

Pantagruel.—Better late than never. We have much ignorance in this world.

Fat man.—My idea would be to have girls taught in the Board Schools the culture of the babies they will in due course produce. Let the College of Surgeons send a strongly worded missive on this subject to the London School Board.

Oxford man.—The School Board is a most intelligent body.

Socialist.—Sorry I can't say the same of the College of Surgeons. Somebody otherwise than these fossils must take up the Fat Man's excellent idea.

Pantagruel.—The idea may be a good one, or it may be a bad one. Some good lies in all things. Let us remember that little girls who are taught things at school so soon forget——

Fat man.—Seeing that they marry directly they leave school, I don't see how their memory could fail them. No! I believe my idea is reasonable, if we could only get influential medical men to take the matter in hand.

Socialist.—A splendid notion. I delight to help my fellow man! I love a mission! My task will be to canvass all the great surgeons and physicians of London.

Mr. Lane's dresser.—Physicians are rather hopeless men! Don't you think so?

Oxford man.—Our Socialist is, as usual, quite fanatical. Personally I think the Fat Man's idea is sound, but even were it carried out we should still have to print scarlet papers. BEN.

"SONGS IN ABSENCE."

The Colonnade! The Colonnade!
And the dressers waiting there!
Do they strut as ever, smiling
With the old superior air?

Are the Ward Clerks still as perky?
And as ready as of yore
To become Creation's tutors:
Or do they so no more!

Are the dentals now less shoppy
Than of old they used to be?
What time their patients' beauty
Were a thing for gods to see!

Are the Clubrooms yet perfection?
Does the carper still vent spleen?
Are Utopian dicta thundered
By Freshman Verdant Green?

Are good fellows still as always
To be numbered by the score?
The Smokeroom floor below them,
With tales from "The Rooms" folk-lore!

The Colonnade! The Colonnade!
Which I hated so I vow,
I could wish with all my heart
That I walked about it now! PATCH.

A LAMENT FROM THE MUSEUM.

"*Tempora mutantur, nos et mutamur in illis.*"—OLD SAW.

I was such an exquisite pickle,
But now I'm o'erburied in dust;
My quondam admirers proved fickle.

No dusters my sides ever tickle,
In a far-away corner I'm thrust;—
I was such an exquisite pickle.

For respect to my age I won't stickle,
An end to such things come there must;—
My quondam admirers proved fickle.

But, bless me! it matters not mickle,
For popular praise I don't lust;—
I was such an exquisite pickle.

Eftsoons in the dustbin a kick'll
Cause my hyaline casing to bust;—
My quondam admirers proved fickle.

Then the spirituous tears fast will trickle
Down my sides that the dirt layers encrust;—
I *was* such an exquisite pickle,—
My quondam admirers proved fickle. E. H. C.

Review.

Note-Book for Dental Students: Dental Anatomy and Physiology. By James F. Rymer, M.R.C.S., L.D.S.Eng., D.D.S.Penn., U.S.A. 2nd Edition. Claudius Ash & Sons, London, 1892.

A reliable note-book on Dental Anatomy is much sought after by students, and the second edition of this little book has been published.

It may be said that the subject is treated in too brief a manner, as many important matters are omitted. Perhaps a greater objection is, that there are inaccuracies, especially in the latter half of the work, which is devoted to Comparative Dental Anatomy. Human premolars are not spoken of as bicuspids, although the canines are called cuspids.

The eruption of the teeth is disposed of in these words: "The cause of teeth being erupted is yet unknown." Whilst admitting that the theories that have been advanced are not wholly sufficient, the known causes at work might have been discussed with advantage to the student.

The definite pattern produced by the decussation of the enamel prisms of some rodents (*e.g.*, squirrel, beaver) is described, but it is not stated that Tomes has generally found it in the incisor teeth only.

The sensibility of dentine is accounted for thus: "The dentinal process, being composed of protoplasm, is capable of transmitting a molecular or sensitive wave to the nerve-plexus, and thence on to the sensorium." This explanation is not supported by physiological data, and it has yet to be learnt that protoplasm alone can transmit sensation.

In describing the alveolo-dental periosteum, no reference is made to the researches of Malassez, or to his contention that it is a ligament.

The gum is very briefly described, which is to be regretted, as it is too often simply compared with ordinary mucous membrane in text-books, and its minute structure is not given.

The notes on the teeth of Fish occupy two pages only. Amphibia are defined "as those animals which can breathe like a fish with gills, and also have lungs, and can so breathe air." This surely needs amendment. It may be mentioned that the vomerine teeth of frogs are omitted.

The fifth, instead of the fourth, lower teeth of the Crocodile are said to be larger and more prominent than the rest, and to be received into depressions outside the maxillary teeth, when the mouth is closed.

Mammals are divided into three groups:—Ornithodelphia, Didelphia and Monodelphia. Huxley's classification is to be preferred (*sic*) Prototheria, Metatheria and Eutheria.

The Ornithorhynchus is said not to possess true teeth, notwithstanding that they have been demonstrated in the young animal by Poulton, Oldfield, Thomas and Stewart.

The typical dental formula of Marsupials is given as $I\frac{3}{3}\ C\frac{1}{1}\ P\frac{3}{3}\ M\frac{4}{4}=44$. This needs some modification, as the incisors are never equal in the upper and lower jaws, except in the Wombat $I\frac{1}{1}$.

A distinction is made between the mode of succession of the teeth in Hypsiprymnus (Rat Kangaroo) and Macropus (Kangaroo), whereas in each case P_4 *invariably* displaces P_3 and DM_4.

The Cape Ant Eater (Orycteropus), amongst Edentata, is not mentioned as having a homodont and diphyodont dentition, as well as Tatusia. The author says that there is no enamel on the crowns of the teeth of Edentata, whereas the teeth are destitute of enamel in all living forms.

The formulæ of the Horse are thus given:—$I\frac{3}{3}\ C\frac{1}{1}\ P\frac{4}{4}\ M\frac{3}{3}=44$, $di\frac{3}{3}\ dc\frac{1}{1}\ dm\frac{4}{4}=32$.

Sir William Flower does not give the full mammalian dentition to this animal, *sic*, $I\frac{3}{3}\ C\frac{1}{1}\ P\frac{4}{4}\ M\frac{3}{3}=42$, and the milk dentition, according to this authority, is $di\frac{3}{3}\ dc\frac{0}{0}\ dm\frac{3}{3}=24$.

Flower gives the full mammalian formula for the permanent dentition of the Wild Boar, and not as the writer, $1\frac{3}{3}\ C\frac{1}{1}\ P\frac{3}{3}\ M\frac{3}{3}=40$.

The well-pronounced basal ridge of the premolars of the Hyæna is said "to protect the gums when the animal is crushing up bones." Owen probably stated its true purpose when he described "this form of tooth as especially adapted for gnawing and breaking bones."

The order Primates or Quadrumana is divided into "Lemuridœ: Simiadœ: Anthropidœ." Flowers' classification is to be preferred:—Sub. Order, Lemuroidea, with its families. Sub. Order, Anthropoidea, with 5 families, viz., Hapalidœ (Marmosets), Cebidœ (American Monkeys), Cercopithecidœ (Old World Monkeys), Simiadœ (Gibbons and Man-like Apes), and Hominidœ (Man). Comment might be made upon other points, but enough has been said to warrant us in expressing a hope that the next edition will be more carefully and fully written, and that the researches and classifications may be brought up to date.

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

H. K., NORTHAMPTON.—The piece of tissue sent for examination appears to be a portion of salivary gland, inflamed, but showing no evidence of malignant growth.

H. L. W., SALISBURY.—The little nodule from the cheek you send consists of dense fibrous tissue, with small-celled inflammatory infiltration of its base. From histological examination alone, it is impossible to guess its nature. It is certainly not malignant.

F. H. S., ST. LEONARDS.—No tubercle bacilli are found in the sputum. From the history, I should strongly suspect phthisis. Perhaps you will let us try a further sample. PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. HUNT, GAZETTE, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

Sport.

CRICKET.

GUY'S v. TUNBRIDGE WELLS.

This annual contest took place at Honor Oak Park, in fine weather, on May 27th. The attendance was fairly good, and the wicket appeared in excellent trim. Guy's, who won the toss, batted first, sending in Trouncer and Francis to face the deliveries of Draper and Hepworth. Trouncer was cleaned bowled by Hepworth the first over, making way for Shorland, who opened his account by placing Draper to the boundary for 4. C. J. scored two 2's, Shorland 2 and 1 off Hepworth, sending up 10. Runs came freely, and not before 41 had been reached was a parting effected, Shorland being caught by Blake for 19. Stamford filled the vacancy. At 47 Blake went on for Draper. Francis hit the new bowler for 3, sending up 50. Stamford should have been caught at this total, and Tunbridge had to suffer for the mistake. Francis, after giving Hepworth a hard chance, drove him for 4 and 3. Another change of bowling was tried, Evered relieving Hepworth at 61. The change was anything but successful. Neither batsman could be parted. At 97 a double change of bowling was tried, Wiggens going on for Evered, Draper taking the ball from Blake. Francis twice drove the first-named for 4 in one over. Kelsey displaced Wiggens at 129. Stamford got him away for 2, his first ball sending up 130. When the players adjourned for luncheon the total had been carried to 133 for two wickets. Play was resumed at 2.45. Runs came at a great pace, quite demoralising the Tunbridge bowlers, no less than seven changes being tried, the score having reached 249 before the partnership was dissolved, Wiggens disturbing Stamford's stumps. His innings of 92 was well put together, but he unfortunately made one bad mistake. Hancock came in. The first ball he had from Evered he cracked to square for 4, then drove the same bowler to the boundary for 4. Francis decided to declare at 258. Out of this number he made 138 not out. Taken altogether, the innings was a fine example of free, hard hitting. Among his strokes were sixteen 4's.

After a short interval, Tunbridge opened their innings with L. Andrews and Ingram. The bowling was entrusted to Hancock and Joyce. The latter's first over saw Ingram dismissed for 1. Draper became Andrews' partner. This pair carried the score to 22, when Hancock beautifully caught Draper for 11. The partnership of Andrews and Kelsey caused considerable trouble. When the total had reached 61 Ham relieved Joyce, and in his second over was successful in getting rid of Andrews—three for 69. Blake followed, but was dismissed by Ham, first ball. At 72 Shorland relieved Hancock, and in his second over disturbed Stewart's middle stump. The same bowler dismissed Evered without scoring—six for 80. Weare joined Kelsey, but

did not stay long, for after making 5, he played on—7 for 89. Kelsey and Wiggens became partners, and it was not long before the "century" was hoisted; but 8 runs on Wiggens was bowled by Joyce, who had resumed vice Shorland. Hepworth came in, and when the total reached 114, Ham clean bowled Kelsey for a well-played 63. P. J. Andrews, last man in, made 8 before Joyce disturbed his sticks, the Hospital gaining an easy victory by 130 runs and with only three wickets down.

The Tunbridge pros. examined the wicket previous to commencing, and informed Harris that many runs would not be made off it. The latter said they knew nothing about it, and he was right, telling them at the same time if the Hospital won the toss they would never get them out. It happened so.

GUY'S.

Francis, C. J. (capt.), not out		138
Trouncer, C. A., b Draper		0
Shorland, E. T., c Blake, b Hepworth		19
Stamford, R. B., b Wiggens		92
Hancock, W. I., not out		8
Joyce, J. H.	did not bat	
Pike, N.	,, ,,	
Hicks, H. T.	,, ,,	
Ham, B. B.	,, ,,	
Alexander, K. B.	,, ,,	
Loud, F.	,, ,,	
Extras		1
Total for 3 wickets		258

TUNBRIDGE WELLS.

Andrews, L., c Francis, b Ham	23
Ingram, J., c and b Joyce	1
Draper, J., c Hancock, b Joyce	11
Kelsey, J. H., b Ham	63
Blake, J., b Ham,	0
Stewart, A. C., b Shorland	3
Evered, A. H., b Shorland	0
Weare, F., b Ham	5
Wiggens (pro.), b Joyce	7
Hepworth (pro.), not out	2
Andrews, P. G., b Joyce	8
Extras	5
Total	128

GUY'S v. SURREY CLUB AND GROUND.

Played at the Oval on Monday, June 5th, resulting in a draw. Surrey played almost their best Club and Ground Team, while Guy's were without the services of Trouncer and Shorland.

Surrey having won the toss, sent in S. Colman and Abel, while Joyce bowled from the Pavilion end and Hancock from the Vauxhall end. The wicket was perfect, and runs came quickly, being very much aided by a very close boundary on one side. When the score stood at 40, Colman was run out. Ayres joined Abel, and things became very lively; numerous changes were tried, but all without effect. However, at 189 Abel was caught and bowled by Joyce, having compiled 102 in faultless style. We are very pleased that this good little batsman seems to be regaining his old form. He never gave the slightest chance, and played magnificent cricket. D. L. A. Jephson joined Ayres, and another 97 runs were added before Ayres was caught by Nicholls with a good catch at mid-off. He had made 117, but not in anything like Abel's style, as he was several times rather lucky, being missed twice at the wicket. R. J. H. Arbuthnot, Thompson, and Street fell in quick succession to Joyce, Nicholls, and Joyce, leaving the score 338 for six. Graburn joined Jephson, and computed 30 before he was bowled by Hancock—408 for seven. Sharpe followed, and made 40 before he was caught by Loud off Stamford. As soon as Wood came in, Jephson was bowled by Joyce for 163. He had played sound cricket, but had certainly had some luck, and had several times been completely beaten by Joyce. Smith joined Wood, and played splendidly until Wood had made 54, and then Graburn declared the innings closed just after five o'clock, Surrey having put together the large total of 591 for nine wickets. At about 5.30 Nicholls and Francis went in to oppose the bowling of Sharpe and Smith. Nicholls, unfortunately, had a train to catch, and so went in for hitting, and after making 16 was stumped by Wood. Stamford followed, but after he had made 1 was bowled by a very fast yorker from Sharpe. Perks followed and played a very good steady game. At about 6.50, Francis was unfortunately bowled by Thompson. He had been running out and hitting the bowling all over the field for some time, as he was 85 he was anxious to make his 100 before time. He had played magnificent cricket, and seemed to be able to do just as he liked with the bowling. Simson followed and played out time. Guy's 135 for three.

We cannot help thinking that had Francis won the toss, Guy's would have made a very good show in the batting line, as the wicket was perfect.

SURREY C. & G.

Colman, S., run out	21
Abel, c and b Joyce	102
Ayres, c Nicholls, b Ham	117
Jephson, D. L. A., b Joyce	163
Arbuthnot, R. J. H., c Simson, b Joyce	9
Thompson, c Simson, b Joyce	8
Street, c Loud, b Joyce	5
Graburn, W. T., b Hancock	30
Sharpe, b Stamford	40
Wood, not out	54
Smith, F., not out	15
Extras	27
Total	591

GUY'S.

Francis, C. J., b Thompson	85
Nicholls, F. J., st Wood, b Smith	16
Stamford, R. B., b Sharpe	1
Perks, A., not out	23
Hancock, W. I., not out	3
Simson, H.,	
Hicks, H. T.,	
Joyce, J. H.,	
Pike, N.,	
Ham, B. B.,	
Loud, F.,	
Extras	7
Total	135

CUP TIE.

GUY'S v. WESTMINSTER.

Played at Richmond on Tuesday, June 6th, 1893. Francis won the toss and he and Stamford went in on a rather slow wicket. Runs came slowly and at 20 Francis was out leg before wicket for 10. Hancock joined Stamford, and after a time things improved a little, but at 92 Stamford was caught in the country for 40. Joyce joined Hancock, but at 126 lost his partner, as Hancock was caught, having made 58. Trouncer followed, and he and Joyce settled down and made things lively until just before lunch. Trouncer was out by a rather lucky catch in the out-field, having made 92 in excellent style, a straight hit out of the ground for 6 being a very fine drive. Almost directly after Joyce was caught by Pike, who was fielding substitute, for 99. He had played extremely well and had only given one difficult return to the bowled. He fully deserved his century and everyone was sorry he did not get it. Eventually the innings was declared at 3.45 for 351 for 8 wickets.

Of the Westminster innings there is little to relate except the good bowling of Joyce, who took 8 wickets for 19 runs.

GUY'S.

C. J. Francis, lbw, b Kennard	10
R. B. Stanford, c Kennard b Farrant	40
W. T. Hancock, c Inman b Farrant	58
J. H. Joyce, c Pike (sub) b Kertser	99
C. A. Trouncer, c Evans b Walker	92
E. T. Shorland, run out	18
H. T. Hicks, lbw, b Gillert	13
H. Simson, not out	5
N. H. Pike, b Kennard	5
B. B. Ham, did not bat.	
F. Loud " "	
Extras	11
Total for 8 wickets	351

WESTMINSTER.

First Innings.		Second Innings.	
H. Grant, b Joyce	0	H. Grant, b Francis	3
S. M. Gilbert, run out	5	S. M. Gilbert, b Trouncer	11
D. G. Kennard, c Shorland b Joyce	2	A. H. Evans, not out	12
A. H. Evans, b Joyce	8	D. G. Kennard, c Simson c Trouncer	10
T. F. Baxter, st Loud	11		
R. T. Stilwell,	0		
E. J. Kertser, c Stamford	11		
M. Farrant, b Hancock	0		
T. R. Walker, b Joyce	3		
A. S. Jerman, c Stamford b Joyce	5		
H. S. Marshall, not out	0		
Extras	11	Extras	8
Total	57	Total for 3 wickets	44

GUY'S HOSPITAL RIFLE ASSOCI

GUY'S v. WHITGIFT.

ON Monday, May 29th, Guy's journeyed to Park, under the usual atmospheric conditions occasions, viz., steady rain. The Whitgift t awaiting us, and after some time employed in induce the markers to brave the elements, tl was begun. The first two pairs, at 200 yards, l points, after which Guy's fell off somewhat, a tually went back to 500 yards, seven points to At this range the conditions were still more enj regards washing off paint, etc., and a practica stration of the unwaterproof properties of a matting bed was afforded to each member of t Guy's now began to pull up, mainly owing to Sells, and eventually won by nine points. The of the team were regaled with a substantial after a gentle double for the latter part of the to the station, came up by the 8.27 still somewh and muddy.

GUY'S.

	200	500
J. B. Winter	25	21
H. Fulham-Turner	26	27
A. Scott-Turner	19	17
W. H. Telling	21	24
H. W. Fox	11	6
C. B. Sells	16	29
R. H. Ashwin	24	10
R. H. Luce	25	29

WHITGIFT.

Brodie (i)	29	29
Brodie (ii)	19	24
Reed	23	23
Symondson	18	12
Densham	20	13
Hampton (iii)	16	9
Hampton (iv)	23	9
Phillingworth	26	28

APPOINTMENTS.

GALABIN, A. L., M.A., M.D., has been Examiner in Midwifery at the University of

HOWSE, H. G., M.S., M.B., has been appointed in Surgery at the University of London.

LUCAS, R. CLEMENT, M.B., B.S., has been Examiner in Anatomy at the University of

WHITE, WM. HALE, M.D., has been appointed in Materia Medica at the University of Lon

BEDDARD, F. E., M.A., F.R.S., has been Examiner in Morphology in the Honour Natural Science at Oxford.

Notice.

cations, Articles, Letters, Notices, and Books , should be forwarded, accompanied with of the sender, to the Editor, GUY'S HOSPITAL, *Guy's Hospital, S.E.*

ubscription to the GAZETTE *is 6/6, post free financial communications, as well as sub- , should be sent to the Financial Editor,* WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

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or binding in blue, with the Arms of the in gold, will be ONE SHILLING *and* SIXPENCE

s Hospital Gazette,

JUNE 24, 1893.

RSELVES AS PIONEERS.

iculty is to find out what was *not* vered at Guy's." This was a re- ice heard made, a little petulantly a member of the Staff of another he speaker was alluding more par- clinical medicine, and the sentiment orth by a perusal of the Biographical ertainly an institution which began with Bright, Addison and Hodgkin, r to accept the compliment.

, the world—grown wiser perhaps t to drag a discoverer's name into menclature, else it would be easy ch thought to realize how the t has remained with us since those

Trousseau may have been wrong istening the "maladie d'Addison," justice of this personal nomencla- wish, if it be blameworthy, that it pped altogether. It is not the out- nt and life-long study of a disease nfers this text-book immortality worth), but rather the chance some pupil-reflex, or the modifi- uture. Else, as we were urging, t see at a glance how Guy's has traditions of discovery.

But this is by the way. We might go on to repeat the thrice-told tale of the priority of our Physical Society and other ancient institutions of the Hospital, but we are concerned rather with certain more recent developments, and our text is that having taken the lead in these, we must keep it.

Ours was the first Medical School to carry through to a successful issue the formation of a Clubs' Union. Other hospitals are now busy in following our example, in one or two cases we believe with every prospect of success. Our own Union, as will be obvious, even from an outside point of view, has already proved its utility, and ensured for itself a prosperous future. It has enrolled among its members the larger moiety of Guy's men, past and present, and we doubt not that it will sooner or later attain its ideal, and comprise the whole Guyite community.

It is our purpose here to urge very strongly that this consummation should come sooner rather than later. Among the senior men still at the Hospital there are some who have not seen fit to take up their full membership, probably with the feeling that as their time for leaving is drawing near they are unlikely to obtain a proportionate advantage from such membership. That this view is a short-sighted one is proved by the very large proportion of past students who have already found it worth their while to join. The Union does not need the support of every Guy's man for mere success, but in order that it may attain to perfection (which, as these columns have often urged, is the trade mark of Guy's), it should certainly enrol them all. Ideals that involve the expenditure of hard cash are apt to go to the wall, but the one we are discussing is well worth the money.

Of those who remain outside the Union, a very large majority subscribe to the GAZETTE, on which fact we congratulate ourselves. But the GAZETTE, on the other hand, requires more

than monetary support from Guy's men; and we shall take this opportunity of once again urging—as we shall continue to urge, *ad nauseam* it may be, until our circle of contributors is widely increased—the claims of our columns upon the pens of those who owe their training to our School.

In the matter of the GAZETTE there is, of course, no doubt about the pioneership of Guy's. Ours is not only the senior journal of those issued by the Medical Schools of London; but, as we were told on the authority of an American contemporary the other day, it is the oldest paper of its kind in the world.

In the present year of grace, indeed, the GUY'S GAZETTE attains to its majority—for the first number appeared in October, 1872. This is an event which we hope before long to celebrate with a special number, assisted, we trust, by some of the past students who were associated with its birth. That certain of these one-and-twenty years were passed by our journal in a state of suspended animation was due not to lack of vitality, but, paradoxically as it may sound, to an excess of that quality. It was a salutary sleep which cured a fever.

As a matter of fact, our old and new series together amount to well nigh four hundred issues, a record of which a students' journal may well be proud.

During the past year or so, two other London medical schools have successfully floated literary organs, though at present on a scale less ambitious than our own. We now hear that a third school has in preparation a scheme of no small magnitude in this way, which, if successful, will make it necessary for us to look to our laurels. We are, of course, heartily glad to hear of interprise elsewhere, but we ought to keep the lead.

It is, therefore, no mere editorial ineptitude, born of the recent tropical climate (though it may be said that the patriotic lyre is always an easy instrument to play upon), that leads us to take this line at the present time; but a real belief that we shall have, in the near future, to hold to our position with some effort.

OUR CRITICS.

IT is impossible, of course, that the contents of our columns, in their entirety, should please everybody; but the cross criticisms that reach our ears are more amusing than helpful. Says Robinson, in his bluffest way, "Why don't you stop that silly smoke-room business? It reminds me of the essays little boys write at school, only more strained and artificial." The editorial mind is almost convinced by this, when ten minutes after, Plantagenet, from Cambridge, says that it is "very subtle; quite the best thing in the GAZETTE." "Why will you give us so much clinical material, and especially those weary lectures which we've already heard?" is one point of view; "The clinical lectures are the only things I ever read," is another. "Sport not fully reported" is quickly followed by "Too much sport—a regular licensed victuallers' organ." These are actual remarks quoted verbatim. They are criticisms we can weather. But there is another stricture which we are more concerned to deny—"The GAZETTE is a jelly-fish organ without backbone, in which we cannot speak our minds for fear of the authorities." This is untrue; there is no grievance, real or supposed, that we fear to ventilate in our columns, so that it be one which really concerns us as students of the Medical School. It is obviously better, if the grievance be one which exists merely from the circumstance that the authorities are ignorant of the matter, that they should be first approached. But any suggestions for betterment that require discussion can always find a place in the GAZETTE, if, as we have said, they deal with matters genuinely affecting student-life at Guy's.

A SUBJECT FOR DISCUSSION.

ALTHOUGH, as we have shown, our critics are active enough, it must not be supposed that their attitude is always that of condemnation. Among the various matters lately published which have led to a chorus of approval, was that of the comments on, and addenda to, the Guy's Pharmacopœia from the pens of old Guy's men, which by the kindness of the compilers of the new volume, we were able to put before our readers some little time ago.

We cannot help feeling that the plan of appealing directly to practitioners for information upon questions of this sort, might be made of very great value to students. We can imagine a sort of glorified Guy's Clinic developed in this way. At any rate we propose to make the experiment.

There is a subject which has of late been prominently before the attention of students at the Hospital, on which it seems very desirable to obtain some information from the domain of general practice. We allude to the question of diet in chronic Bright. Our attention here has been called to it chiefly by the recent teaching of Dr. Hale White, who has been strongly urging the advantages of a full diet over that of the orthodox limitation to milk. We shall take this matter as the first subject for our appeal to the experience of our extra-mural readers; and we hope that those who have acquired definite views upon the subject will express them in our columns.

The special points which have been insisted upon by Dr. Hale White are as follows:—

1. The comparative unimportance of albuminuria as a prognostic symptom.

2. The fact that milk diet is not effective in reducing the quantity of albumen passed; taking into consideration the actual proportion of proteids it contains, may even act in the contrary direction.

3. A full diet does not necessarily increase the albuminuria; while from the point of view of compensation, it is, of course, greatly superior to the milk.

4. Patients express themselves as being far more comfortable with the full diet; and cases progress more satisfactorily during its use.

The whole question is one of great importance, and we sincerely hope that many of our readers will adopt our suggestion.

SCIENTIFIC AMENITIES.

Hospital reports are instructive, but seldom amusing reading. In this year's number of the Westminster Reports, however, there is a paper by the editor, Dr. Hebb, on the germicidal action of the blood, which partakes of the latter quality to such an extent that we cannot forbear from making a few extracts.

The author is dealing with the little battles between the phagocytists and the plasmatists, who are, as is well known, at variance in their localization of the blood's germicidal power. One of these developments, he says, "is almost amusing." "The *causa teterrima belli* was a tadpole's tail. The leader of the phagocytists and the originator of the cult stated (*Annales de l'Institut Pasteur*, vi., 92, 1) that the tadpole's tail was eaten away by phagocytes. There was nothing surprising about this. But it was laid down that these phagocytes were derived from the sarcoplasm and from the muscle nuclei of cells in the tail itself. Hence, the tail ate itself up. When these phagocytes had eaten enough of themselves, they wandered off to other parts, where, under favourable circumstances, they could be seen with tit-bits of the contractile substance of muscle inside them." Metschnikoff, in fact, has had to enlarge his definition of the phagocyte beyond that of a wandering mesodermal cell. Dr. Hebb continues: "The world at large had been brooding in soft contentment for nigh ten years, pleasingly soothed with the delightful notion that they were possessed of myriads of ever nascent protectors against disease. They were absolutely specific and efficacious.

Lovely pictures, in many colours, served to illustrate pathological literature; pictures of unfortunate little vegetables stained blue or red being picked up, enveloped, digested, and assimilated by contrast-stained little masses of animal protoplasm. It was true, because the master had said it, and, besides all that, it was in print.

"But that faith has been rudely shaken. Instead of possessing a well-trained little army, ready to go anywhere and to fight anything at a moment's notice, it would seem that the animal economy is made up of a mass of phagocytes; that every cell is a phagocyte; that there is no division of labour; that there is no specific cell defence."

Dr. Hebb next turns his attention to the humeralists or plasmatists. "Up rose the plasmatist and said, What about the body juices? These possess a germicidal action, and, to go no further than the serum, just observe how these virulent bacteria are decimated, sometimes annihilated, by the action of the serum, even under artificial conditions." But the experiments of Emmerich show that this is a chemical and not a vital phenomenon, and directly associated with the alkalinity of the fluid. Whereupon Dr. Hebb—"To think that the germicidal action of the serum, and therefore of the plasma, is after all a common chemical reaction, the result of the mere presence of an alkalin inorganic substance, is indeed, destructive of faith, hope, charity, and almost every Christian virtue.

Ichabod!"

The antitoxin and defensive-proteid cult next comes under the lash. "However they act, and whatever they are, these protectives are only good for one disease. They do not claim to be general prophylactics, and I think this is distinctly unfortunate; because, being only good for one disease, and their protective period being undetermined, to render a person moderately immune, *i.e.*, protected against even a percentage of infectious diseases, would probably result in a surfeit of antitoxins. What constitution could bear the simultaneous presence of twenty such health restorers? I do not think the antidotal theory has made out a valid general case, and rather than submit to the full consequences I would join the Salvation Army and beat a drum."

Finally, Dr. Hebb gets on to the dangerous ground of psorospermosis, where he applies the same method of criticism. "In some cases they (the parasitic protozoa) have been demonstrated, apparently, with the aid of some old Falernian, or by the co-operation of a powerful and 'scientific imagination.'" "They have been demonstrated in some cases of chronic inflammatory growths. And so, to draw the conclusion that they are related to cancer as cause is to effect, is a little previous, and certainly not justifiable, in the present state of our knowledge."

Dr. Hebb's method of criticism is, of course, rather cheap; but it is certainly amusing. He will hardly maintain, however, that little differences of opinion are peculiar to workers in the particular fields enumerated. Even the morbid anatomists are not always in agreement concerning points where the question is one of little more than description; and in the domain of the ordinary cut-stain-and-mount pathology he himself advises anyone who may think the differentiation between malignant neoplasms and inflammatory deposits should be easy, to send his first doubtful case "to half-a-dozen different and distinguished histologists and compare their opinions."

In the forefront of the battle for knowledge it is impossible always to fight shoulder to shoulder; the advance is made in serried ranks. The critic on horse-back has an easy time of it of course.

So that Dr. Hebbs' criticism *pour rire* will not prevent our readers from turning with interest to Dr. Starling's able summary of the subject of Phagocytosis.

ABSTRACT OF A LECTURE BY DR. STARLING ON LEUCOCYTES, INFLAMMATION, AND CHEMIOTAXIS.

Classification of leucocytes.—Leucocytes could be classified according to (i.) *their size;* (ii.) *shape;* (iii.) *number and form of the nuclei in their protoplasm;* (iv.) *chemical characteristics.*

The latter classification depended mainly on the nature of the granules in the protoplasm, which was demonstrated by *Ehrlich*, who took advantage of the fact that the granules in different leucocytes behaved differently towards staining reagents, the aniline dyes being especially useful.

These stains could be classified as

(1) *Acid stains*, e.g., eosin and acid fuchsin.

(2) *Basic stains*, e.g., methylene blue, methylene green, &c.

(3) *Neutral stains*, e.g., methylene blue, saturated with acid fuchsin and filtered.

Ehrlich demonstrated five classes of leucocytes.

(α) *Eosinophile.*—Granules in the cell stained by acid stains; large, regular in size, found in most animals (pod-shaped in birds), proteid in nature.

Very few are found in normal blood—not more than two per cent. of total leucocytes.

Function.—Regarded by Ehrlich as unicellular glands, the granules being comparable to those found in gland cells, the granules being products of the activity of the protoplasm.

Origin.

(i.) View held by some observers that other forms of leucocytes may become eosinophile is probably incorrect, as no intermediate forms have been demonstrated.

(ii.) *From red marrow of bones.*—In myelogenic leucocythæmia the eosinophile cells are found in great abundance in the blood, the bone marrow being at the same time affected. Eosinophile cells are found in the red marrow: this is probably the correct view.

(β) *Amphophile* or *pseudo eosinophile.*—Granules stain easily with eosin; with slight difficulty with methylene blue.

Found chiefly in rabbits, not in man. Granules are of *varying* size. Kanthack, working with rabbits, stated that pus cells were eosinophile. The cells in reality were of the (β) kind, or *pseudo eosinophile.*

(γ) *Basiphile.*—Stained by basic dyes.

(δ) Cells, *Mastzellen*, are not found normally in the blood, but can be observed in connective tissue where active growth is going on, *e.g.* in inflammation. *Ehrlich* regards their function as that of building up nutritive products from the protoplasm, which act as nutriment to the growing tissue, hence their name, *Mastzellen* (fodder cells). The granules stain with *basic dyes.*

(ϵ) *Neutrophile.*—Granules stain with neutral stains; these constitute by far the majority of the leucocytes in human blood, 95 per cent.

Connective tissue cells.—Besides the ordinary branched cells or resting cells other varieties exist, thus—

The plasma cells of Waldeyer were characterised by their granular protoplasm.

Where active growth was going on numerous mast cells were found.

In addition ordinary leucocytes and lymphocytes were always to be seen.

Functions of the cells.—Their period of greatest activity was when inflammation was going on.

The phenomena of inflammation could easily be observed by examining a transparent tissue like the mesentery under the microscope, and applying a drop of dilute croton oil or other irritant. Hyperæmia thus produced is followed by slowing of the current in the vessels when the contents of the vessels could be divided into two zones, a central zone chiefly red corpuscles and a peripheral zone of white corpuscles; the latter apply themselves to the wall of the capillary, and soon a portion of their protoplasm is seen to have passed outside the vessel, this being soon followed by passage of the whole of the corpuscle through the capillary wall. This transmigration of leucocytes takes place very extensively until the surrounding tissues are crowded with them.

Explanation of repair in inflammation.—This subject was investigated by Ziegler. A small chamber was made of two cover glasses, which were sealed together by sealing wax at their edges, except at one spot where the space between the two communicated with the exterior. These were placed in the tissues; were acting as an irritant; they set up inflammation. At varying intervals they were removed and examined under the microscope, and it was then found that in those taken out first plasma went in which was followed by leucocytes, so that after two hours in the tissues the chamber was full of leucocytes. In those chambers removed after a considerable time, elongated mononuclear cells were found as well, which, as they were converted into ordinary fixed connective tissue cells, were called *fibroblasts.* Ziegler believed that these cells were formed from leucocytes, but as in connective tissue mononuclear as well as multinuclear cells exist, the prevailing view among pathologists is that connective tissue cells are formed from mononuclear cells pre-existing in the tissue, and that the migration of leucocytes has nothing to do with the formation of connective tissue.

Cohnheim regarded inflammation as an affection of the vessels, which become "*more porous*," considering it to be a purely pathological phenomenon; but the great universality of the process in all animals is an objection to this view. Animals are exposed to injury all their life, the process following which would be unlikely to be a morbid phenomenon. This view that it is a pathalogical affection of the vessels would be disproved if it could be shewn that similar phenomena took place in animals without blood vessels.

In the sponge an ectoderm and entoderm can be distinguished, between which is a cavity containing amœboid cells. If a needle with adhering particles of carmine be inserted into this cavity, inflammation is set up, and the granules of carmine left in the wound are very soon taken up by the amœboid cells which collect at the seat of the injury, and exactly similar phenomena can be observed in all the animal kingdom. Thus, in Daphnia, organisms, the presence of which gives rise to an epidemic in this class of animals, can be seen to pass from the alimentary canal to the tissues (which contain no blood vessels), and immediately they reach the latter, there is an accumulation round the organism of amœboid cells which eventually destroy it: this is an example of phagocytosis, a phenomenon universal throughout the whole animal kingdom.

In the tissues of the young tadpole's tail, branched and amœboid cells exist: injury is followed by accumulation of amœboid cells at the seat of injury; but these do not come from the vessels, as injury to the tissues has no effect on them. The disappearance of the tadpole's tail has been shewn to be caused by phagocytes devouring the tissues. This accumulation of amœboid cells is the essential phenomenon of inflammation, and it is obviously an advantage to the higher animals that these should be brought by blood vessels from all parts of the body. It is a physiological phenomenon, a reaction, for the preservation of the organism.

If anthrax bacilli be injected into an animal there follows an accumulation of amœboid cells, and these destroy the bacilli. In this case the multinuclear cells are the active ones, as they are also in the destruction of the bacilli of gonorrhœa (gonococcus). Other bacilli, however, are taken up by only the mononuclear leucocytes, *e.g.*, the bacillus of leprosy; tubercle bacilli also are more readily destroyed by mononuclear cells: thus there is a division of labour among the cells—different forms of leucocytes being set apart for the destruction of different invaders.

The question has been raised as to how the leucocytes are acted upon so as to cause their migration. It had been thought they are in functional protoplasmic continuity with the tissue cells, but more recently a new light has been thrown on the subject, which originated with the botanists. A vegetable organism consisting of a mass of protoplasm grows on tan, dead leaves, etc. and called *Myxomycetes*. If this mass of protoplasm—the plasmodium—be placed on a strip of wet blotting paper, one end of which dips into a vessel containing an infusion of dead leaves, and the other into one containing tap water, the plasmodium moves *from the tap water to the infusion*; similarly, if these solutions be substituted by two others, viz., a filtered and an unfiltered infusion of dead leaves, the organism progresses *towards the former*, also *from a solution of common salt to tap water*.

If the experiment be varied, and a glass slip be fixed so that one end dips into a solution and the other projects out of the fluid similar phenomena can be observed; thus, the plasmodium being placed on the slide which dips into tap water, it moves towards the latter. If, however, a solution of quinine be substituted for water, the organisms moves towards the quinine till a certain distance from it, when it stops—the quinine seems to act as a repellant. Similarly with a 5 per cent. solution of common salt, but a 25 per cent. solution attracts the plasmodium so that it passes down into it. If, after being in the latter for some time, the experiment be repeated, using a 5 per cent. solution, the latter is found to act as the weaker solution did. The plasmodium seems to "get used to" the salt.

These phenomena, observed by Metchnikoff,* are referable to *chemiotaxis*. The different substances above mentioned exert a *chemiotactic* influence on the plasmodium, which may be *positive or negative*; thus, in the experiments with the glass slide, tap water exerts a positive, quinine a negative, chemiotactic influence.

A similar explanation is given of a very large number of phenomena previously observed, but not explained: thus, in certain ferns the secretion of the oogonium—the female organ—exerts a positive chemiotactic influence on the spermatozoids, the products of the activity of the antheridium, the male organ, so that the latter pass to the oogonium, where fertilization of the ova takes place.

Experiments have also been conducted on the influence of different fluids on bacteria. Thus, if two vessels be taken which communicate by a fine aperture, and one filled with a 0·1 per cent. solution of peptone, the other with a 0·4 per cent. solution, bacteria placed in the former will pass into the latter, and this is the smallest difference which can be appreciated by the bacteria: here we have an example of Weber's law—"The smallest change in the magnitude of a stimulus which is appreciable always bears the same proportion to the whole magnitude of the stimulus, but whereas in the case of light this is $\frac{1}{100}$th, in the above case it is 400. All the phenomena of fertilization are similarly referable to chemiotaxis, and positive chemiotaxis probably furnishes the explanation as to why leucocytes aggregate round a foreign body.

In the case of bacteria, not only the organisms themselves, but the products of their activity, exert this influence on the leucocytes; thus, injection of boiled anthrax bacilli causes accumulation of leucocytes. If, however, extracts of some very virulent bacilli be injected, *e.g.*, the bacilli of chicken cholera into rabbits, no accumulation of leucocytes follows—they exert a negative chemiotactic influence. Thus, whether an animal succumbs or not to bacteria depends on whether the latter exert a positive or negative chemiotactic influence.

Lactic acid and *quinine* are other examples of substances exerting a negative influence. In some cases, although the bacteria are positively chemiotactic, the leucocytes are unable to destroy them owing to their power of resisting the action of the protoplasm or its secretions—they are not "digestible."

* Chemiotaxis was first described by Stahl and by Pfeffer. To Leber is due the credit of applying this phenomenon to the explanation of the diapedesis of leucocytes.

Observations on the *Marmot* have revealed the fact that the leucocytes of this animal take up tubercle bacilli (which have a thick cellulose coat), and destruction, although eventually accomplished, seems a difficult process. The bacillus after being taken up by the phagocyte first becomes yellow, subsequently its contour is lost, and eventually it is excreted.

The phagocytes of the Algerian rat (*Meriones*) have been seen to take up a tubercle bacillus, which promptly trys to protect itself by forming a cellulose coat, the leucocyte responds by secreting a layer of calcium carbonate, and these processes go on alternately till the bacillus is eventually built up in a tomb composed of numerous concentric layers of cellulose and chalk alternately.

C. J. H.

PERSONAL RECOLLECTIONS OF GUY'S IN THE FORTIES.

VI.

(Concluded.)

Now, when I came up first to Guy's, fresh from the neighbourhood of the New Forest and the breezes of the Solent, I thought London a dreary place, and my recollection of the dinginess is still vivid; the urban and the suburban garden God-and-Man-forsaken; no attention to the parks; no sub-tropical gardens; no flower borders in them; no Guy's Hospital park as now. But there was one redeeming feature at Guy's, namely, the Maze Pond garden, with its little green-house where plants could grow green, if not flower. I have often remarked that in so dingy a place as London was on a drizzling November day, it was no wonder that humanity —friendless, moneyless, hopeless, now and then quailed before it and avoided meeting the morrow. But although vast æsthetic delights have come over London (always excepting the blackings that may be felt), and flowers prevail everywhere (there was scarcely a flower shop in my time), and even Guy's has its park; yet the feeling of repugnance to unalloyed bricks and mortar has never quite been removed, and the Forest, "Vuzzen," and heath are more congenial. And this may explain how, after a year's hard study without holiday, except Saturday afternoons to sketch in churches within reach, and a quiet Sunday walk into suburbs trying to find a country spot, I was obliged to ask Gull, our confidant and tutor, to do something to relieve what students are apt to complain of, namely, intermittent pulse, going 170 per minute on slight exertion. He soon saw the reason, and prescribed a gentle row on the river in the afternoons, the success of which treatment was complete.

When I came to town I was not in a disconsolate state, for I had an introduction to James Stocker, who lived at that time in the Matron's house, and there I often met Gull, who had been appointed tutor to those more especially going up to the University of London, then commencing its career. I had till then no notion of the existence of an university, and it was entirely through his persuasion I became a graduate. So he did to all with whom he came in contact. His persuasive powers were remarkable. "But you must; but you must"—elevating his voice at the last word, he would look at you then full in the face, waiting your reply. He was a tutor, nothing the least of a coach or grinder. He rather shewed you how to learn, suggesting inquiry for yourself, and thus what you acquired you retained. It was said of him he was a born tutor. He was a very excellent reader, and he used to contend in reading poetry with Mrs. Stocker, wife of James Stocker, a charming person, who read also exceedingly well. On one occasion there was a contest over reading Byron, and Mrs. Stocker said to her husband (not of a poetical turn), "now I will make you cry." So she began "The Dream," but in about the middle Mr. Stocker burst out laughing; probably a near approach to the opposite emotion. Gull paid me a visit to my home at Lymington during my time, and gave me an example of his wonderful power of reading character. As we sat on the top of the coach ready to start, an attorney of the town crossed the road. He instantly said, that man is a porter drinker. I said "How do you know?" Because no one else but a porter drinker walks in that way. The gentleman was a well-known porter drinker, though his gait was not very remarkable to most persons. Gull recommended us a plan he had always adopted himself when reading a book through, namely, to get a ruled note book, and as one reads to put the heads of its contents dividing and sub-dividing, with a reference also to the page. This, doubtless, others have done, but he was emphatic in recommending it. The class preparing for the university often met in Gull's room by the back gate; he had recently been appointed lecturer on physiology, and at that time was deep in the development of the chick in the egg; and in the room the hen was sitting on eggs, the number of which diminished daily, in proof of which there were the eggs in daily grades of progress, cleverly opened to expose the proper spot.

About this time was the new era of anæsthetics commencing. Sulphuric æther had been suggested as an improvement on laughing gas. This latter had already been tried, I understood, a few years before, near the back steps of Guy's, but the vagaries of the recipients were so peculiar as to forbid its further use, particularly as one *ran a muck* at the then Treasurer. And thus it was arranged to have a séance of æther in Gull's room. I was among the few invited. But the æther was not of the purity of the present kind now in use, and caused much more excitement. There was a very varying effect on those taking it. One was what might be called "silly-drunk," poking others in the ribs, with an insane laugh; another laid quiet on the floor, and when he recovered said, "I should not like to go through that scene again," which he said was his past life; another, of a classical turn of mind, conceived himself Prometheus, bound, raved, screaming mad, calling on all the gods to help him. It was felt that this kind of anæsthesia was scarcely suitable for surgery requiring delicate and careful manipulation.

As I said before, Gull advised me in the second summer to take river exercise. This I did; joined the Guy's Boat Club; rowed in the four and pair-oars, and sculled in outriggers. Having been accustomed to boating since eight years old at the sea-side, and having handled sailing boats in gales alone, and being allowed to steer steamers in gales before sixteen, I fully appreciated this remedy for 170 per minute pulse, and soon was all right, and by the end of the season was not able to get it above 100 by the hardest rowing, winning the Evans' Prize for pair-oars with Edwards of that year, whose silver medal I still retain. And by this means I came to see much of Cooper Forster, already an excellent sculler, who was the life of Guy's Boat Club then and for many a year after. Glorious days of excitement and of triumph were those for Guy's! Ahead for many years of the other Clubs of equal size—it's name was the admiration and envy of others. Dear Mr. Threemile, Mr. Highjump, and you, Mr. Tengoles, you know nothing about those days. Concentrate all the enthusiasm of your football, of your athletic club, of your cricket club, into one, and you have a kind of approach to the excitement of those days; and not excitement only; Guy's always meant business, and these two things carried all before it. Well, Forster was a Guy's man, and infused into the Club no end of energy. As a sculler, he was very excellent in form, but lacked staying power: with wind against him he often fagged towards the end; but as coxswain his judgment was very good. The Guy's "Four" always turned out in great style on "'Varsity" race day. Men of the later Forties! recall the style in which Guy's "Four" turned out,—the boat covered with ice, bow-oar's back crystallized, the boat shipping seas, the water up to the thwarts, floating ice rattling between, while coxswain picked his way between sheets of floating ice, they pulled home safe at the time, but it was death to bow-oar. At first we started from Searle's boat-house, just above Westminster Bridge on the south side; but, shortly after, Searle moved to Putney, and the Club took a nice room near. Forster was fellow dresser with me, and in the Rooms together. He told me he had a little of the prevailing weakness of that day for knockers, and once had to run for it, reaching his father's house in Mount Street, Westminster, only just in time for safety, but not for disposition of the specimens. One day, his father was hunting for something and came across the collection; he guessed, but the enquiry did not lead to much.

Towards the end of my fifth year I punctured my finger at a puerperal-fever *post mortem*, and finding about twelve hours after I was likely to be ill, I settled to go home, provided Cooper Forster would take care of me. This he kindly consented to do, and remained some fortnight. For three days I sweated to an extent I have never known equalled, and felt at the end of the fifth day able to take a drive, though absorbent inflammation occurred after. In a few days we went to the Isle of Wight, and in crossing back Forster asked the Captain why the men on Yarmouth Quay stood with their hands in their pockets. He said, "Don't you know, sir? Why, once on a time, the Isle of Wighters used to go about on all-fours, and when people came over from the mainland they put them up on their hind legs, and they did not know what to do with their hands, so they ever since keep them in their pockets." The fact was, they smuggled at night and did not want work at day. Some of my readers, if by this time they have not tired of gossip, will remember I often quote this anecdote to those who, after a late habit, stand with hands in pockets; for is it not a sign of unreadiness, symbolical of mind buried deep in caverns of reverie and not ready for action? Keep you your hands in pockets O Wicket Keeper, O Leg, or you, O Long Stop? Student of Guy's! I pray you sew up your pockets, and let the fingers of your brain be unrestrained and your motto "semper paratus."

J. BRAXTON HICKS.

CASE FOR COMMENTARY.

Charles Augustus K., 58, decorator, admitted on April 27th, 1893, for loss of flesh, weakness, swelling of legs and abdomen, and pain in right side of abdomen.

The patient was born in Lincolnshire, and lived there until he was 16. Since then he has lived in London, and has always had a comfortable home. He has taken very little alcohol; has been married thirty years; has four children, all healthy. Family history unimportant.

He has never suffered from venereal disease, and has always enjoyed good health until last year. About two years ago he noticed a sediment in his urine, like sand. This was unaccompanied by any feeling of pain or sickness. About a year ago he first noticed blood in his urine; three weeks after he had an attack of violent shooting pain in the right lumbar region. During these attacks he passed more blood than usual and also some semi-solid blood clots, once a Y shaped clot. These paroxysms were sometimes accompanied by shiverings. He was attended by a medical man who restricted his diet to fish, milk, and farinaceous. A few weeks before admission he noticed his legs were swelling; this was followed soon after by swelling of the abdomen. Of late he has been passing small quantities of urine.

On admission.—Patient is a sallow-looking man, eyes shrunken, malar bones prominent. Legs swollen and œdematous; skin tense and shiny.

Abdomen uniformly distended; superficial veins dilated; blood travelling upwards; liver felt about half inch below the ribs, the right nipple line; spleen not felt; no tumour felt; resonant in front; dull in the flanks. On turning patient on his side, uppermost flank becomes resonant; no thrill felt. Pulse 88, feeble; respirations 16; cardiac and respiratory sounds normal.

Urine pale yellow, 1014; acid; trace of albumen. Microscopically, a few pus cells seen. No blood.

May 2nd.—Urine 1020; two ozs. passed in last 24 hours: 200 grains of urea; few pus and epithelial cells; no blood.

3rd.—Abdomen more distended; superficial veins very dilated; resonant in front; dull in flanks; well-marked lumbar cushion.

4th.—Patient complained of pain on passing his motions; rectum examined; ? hæmorrhoids.

12th.—Patient very drowsy; says he feels much weaker.

18th.—Patient gradually getting weaker. Now has to be fed with a spoon. He has wasted considerably since admission.

21st.—Paracentesis abdominis and seven pints of clear yellow serous fluid removed. Patient gradually sank, and died early next morning.

M.R.

The report of the autopsy will be published in the next issue of the GAZETTE.

Readers are invited to send in short commentaries on the nature of the above case and the probable post-mortem appearances.

CASE FOR COMMENTARY IN MEDICINE.

(TREASURER'S GOLD MEDAL.)

An unmarried woman, aged 50, who had never had, as far as she knew, any previous illness except slight attacks of gout, was on August 31st, suddenly attacked with severe pain in the left side of the chest. Her doctor saw her the same evening and found the left chest did not move so well as the right, the left base was dull and a loud rub could be heard over it. The temperature was 103°. She was kept in bed, and, under appropriate treatment, the abnormal physical signs almost disappeared and the temperature gradually fell, so that by September 20th it was normal and she was considered to be well.

On October 10th she began to complain of pain over the splenic area. There was much tenderness here but no fulness.

On October 20th she first complained of great pain and tenderness over the lower part of the right chest and the upper part of the right side of the abdomen. Coincident with this, physical signs, about to be described on October 26th, have developed in the right chest.

October 26th.—A few days after September 20th the temperature began to rise again, and it has been for the past four weeks about 103° in the evening and 100° in the morning. She has during these four weeks wasted considerably; she has suffered much from sickness whenever she sits up, and she has had a slight cough with some expectoration. The sputum is frothy; no bacilli can be found in it.

On this date, October 26th, the following is her condition:—Neither side of the chest moves well. The right side of the chest measures at its lower part two inches more in circumference than the left at the same level. This prominence of the right chest is limited to the lower part which, together with the upper part of the right side of the abdomen, is extremely tender on pressure. Percussion shows that the hepatic dulness is continued upwards in the mid-axillary line as high as the third intercostal space, from which point the upper limit of the dulness slopes down to the normal upper margin of the hepatic dulness in the line of the nipple in front and in the line of the angle of the scapula behind. The lower limit of the hepatic dulness coincides with the lower margin of the ribs. Over the lower part of the dull area very little air enters; at the upper part and for a short distance above it there is distant bronchial breathing. There is no diminution of bronchophony. Vocal fremitus, though feeble, is distinctly present.

On the left side of the chest the movement is not so good as on the right; the entry of air is rather deficient, and the note is not good.

Abdomen.—On the right side there is the tenderness already mentioned on October 20th, and in the tender area there is distinctly more resistance than the corresponding area on the left side. The tenderness over the splenic area is now very slight. The heart appears to be healthy, and nothing abnormal can be detected in the urine. It was ultimately decided, although the patient was quite willing to be operated upon, that no operative treatment was desirable. She gradually got weaker and thinner, the rise of temperature continued; but suddenly, on November 10th, there was very copious expectoration. The expectoration, after this date, got less day by day, and by Christmas it had ceased, the physical signs had all but disappeared, the temperature had been normal for some time, the patient, who had gained flesh considerably, was up and about, and since then she has been in good health.

Discuss fully the diagnosis of this case. What means of diagnosis not mentioned in the above report were probably employed, and how might the treatment have been modified if such means had led to a positive result.

COMMENTARY ON A CASE IN SURGERY.

(TREASURER'S GOLD MEDAL.)

R. H., æt. 36 years, a commission agent, fell from a trap two years before he came under treatment. He was rendered unconscious, was taken home, and remained unconscious for 20 hours, when he slowly recovered. There was a considerable swelling over the mid line of the frontal bone, where he had struck himself, and this was followed by blackening of both eyes. There was no external wound, and the swelling was so considerable that it was difficult to make out whether the bone had been fractured or not. It was believed, however, that there was no fracture. There was no bleeding from the nose or ears. He vomited two or three times, after the first twelve hours, a greenish mucus, containing no blood. It was possible to rouse him after the vomiting, but he remained drowsy for two or three days. Ice was applied to the head for the first week, and he remained in bed for a fortnight. During this time the swelling slowly grew less and absorbed, the bruising disappeared, but

a thickening remained over the frontal bone which occupied a diffused area about three inches across. Careful examination, however, failed to detect any irregularity in the bony outlines, as in a fracture. He went back to business at the end of a month, and continued apparently well for about seventeen months. During the latter part of this time, however, he complained of headache, drowsiness, and inability to transact his business. This increased, and eighteen months after the accident he had two or three slight epileptiform seizures.

On examining the head, after one of these attacks, the before-described thickening over the frontal bone was found to have become more circumscribed and prominent. There was also decided fluctuation over it. It was incised, and a considerable quantity of fairly healthy pus was excavated; no exposed bone was felt, and the incision soon closed, but the thickening remained. Pus soon re-accumulated, and was again evacuated; this was repeated seven or eight times. Some of the incisions did not close, but remained discharging.

When he came under treatment there was a boggy, inflamed area over the frontal bone four to five inches in diameter; over this area there were four or five sinuses discharging a thick, very offensive pus. A probe introduced through any of these sinuses came down upon exposed bone, which, however, could not be felt to be loose.

He had had scarcely any epileptiform attacks since the matter first formed. He had lived an irregular life, drinking habitually more than was good for him. He was unmarried, and there was a suspicion of syphilis some 16 years before.

The urine contained a little albumen; was of specific gravity 1020, and he passed 50 ounces, on the average, in the 24 hours. The liver could not be felt enlarged; there was no ascites, and no œdema of the legs or scrotum. The thoracic viscera appeared healthy.

Comment on this case, stating your opinion of the nature of the first injury, and of the treatment he then received.

What is the diagnosis of the present condition, and what would be your treatment in the future? If any operation is suggested, describe carefully the details. Give also your prognosis.

CONCLUSION OF A COURSE OF LECTURES,

Delivered in the Summer of 1859, by JOHN F. FRANCE, F.R.C.S., at that time Ophthalmic Surgeon to Guy's.

GENTLEMEN,—I here bring to a conclusion the present Course of Lectures—the twelfth which I have delivered in this Theatre. It seems one of those periods which do occur in life at which it is well to pause, and cast a backward glance at departed years—"pereunt enim et imputantur"; pardon then my indulging, on the present occasion, one moment in the retrospect.

This space of twelve years—what unexpected changes has it witnessed within these walls! What losses! What gains! What shifting of the *dramatis personæ*, amid scenes themselves remaining nearly as before! This brief interval—as it sometimes seems—carries the memory back to a time when the venerable Mr. Harrison was here supreme; when the senior Callaway had scarce been called away; when Key and Morgan and Cooper were acknowledged luminaries in the atmosphere of Guy's; when King conducted its pathological department, and when Golding-Bird was but just entering on his meteor-like career; when Marshall Hughes was working his way upward to distinction; when Bright's reputation, firmly planted in the estimation of Guy's men, had not yet become European, or rather world-wide; when our latest lost-one, Addison (even then looked up to as the keenest clinical teacher) was far from having earned the laurels of more recent years; when all seemed so able, so youthful still, that none could have predicted the rapid mutation which has ensued, the gaps which have opened—and been closed.

Among my own contemporaries then, were some who with moderate talents have since by industry and rectitude achieved positions of honour and affluence; some, who with much more brilliant natural gifts (unsteadied by the ballast of good principle) have made shipwreck. These facts have a lesson for us all: for me, one which I should do well to consider in private hours; for you, this,—learn from the success of those who have gone before you here, to combine diligence with high principle, and then, like them you will prosper. But the man, who, with conspicuous talents neglects or despises to improve them, or shuns the only sure guiding beacon in life, an enlightened sense of duty will miss the wished-for goal.

Gentlemen, the study of Ophthalmic Surgery may perhaps be omitted with impunity, if your object be to pass the collegiate ordeals with a minimum of trouble and acquirement; it will not be omitted, if you realize in thought your future responsibilities and act harmoniously. Would you gain knowledge, of daily utility hereafter, but hereafter unattainable? Would you qualify yourselves to minister effectually to some of the most distressing ills of humanity? Would you earn in coming years the spirit-gladdening thanks, which grateful hearts pour on their benefactors when the blessings of sight are preserved or restored? (Oh! how cheering these are in the moments of depression, which overtake us all). Would you add to these the inward content which self-approval gives? Then, gentlemen, bestow some share of your attention and time to obtaining practical familiarity with diseases of the eye, and their remedies (the opportunity is open to you now); and ever bearing the example of the Great Physician in mind, while the paralytic and the wounded, the lame and the leprous urgently demand your aid, and receive it, listen also by anticipation to the appeals of those who are losing, or have lost, the joyous gift of sight, and learn how, with God's blessing, to avert or assuage their sorrow.

Passim.

The date of Sir John Lubbock's visit has been fixed for July 17th. Amongst the invited guests who have already promised to be present we note the following names:—Sir Henry Acland, Bart., Sir George Buchanan, H. Cosmo Bonsor, Esq., M.P., Lord Cottesloe, Canon Cazenove, Sir Joseph Fayrer, K.C.S.I., Professor Michael Foster, F.R.S., Hon. Sir Charles Freemantle, K.C.B., J. S. Gilliatt, Esq., M.P., Sir Cameron Gull, Bart., Sir Henry Peek, Bart., Sir Henry Roscoe, M.P., F.R.S., Shaw Stewart, Esq., Sir Edwin Saunders, and the Masters of the Drapers' and Mercers' Companies.

The Sports' meeting on Thursday was a success in every way. Bell's performance in the 100 yards was in itself sufficient to make the occasion a memorable one, and will live in the memories of all who saw it. It was a great pity that the 220 yards was run in such a crowd, as Bell could not get through his men.

Munro showed his usual finished style, but he did not come near his own record for the three miles. Doubtless his previous little picnic on a borrowed bicycle had something to do with this; and perhaps also a long course of clinical tea and biscuits.

He is doubtless saving himself to save the Shield on July 8th. We hope our readers will bear in mind that this is the date of the Inter-hospital meeting, so that a goodly crowd of Guy's men may turn up.

There was a point about the racing on Thursday which we think very satisfactory—namely, that the men who got home were for the most part those well up on their marks. There was not the too frequent monotony of scratch successes. Another thing we rejoiced in was the obvious superiority of the men who had trained.

We have it on the most reliable authority (well—to speak the truth—the authority of certain other veterans) that a special train-load went down on purpose to see J. P. W. in running costume. J. P. W., we were also told, would soon "draw away" from the field. We believe he did draw away; at least, we could not see him, though we remembered the old direction "Si *monumentum* quæris circumspice."

We are exceedingly sorry that the Tennis Cup has not remained with us this year. It will probably return, however, if only our men would practice more together. The courts at Honor Oak are not likely to suffer next year from lack of moisture as they have done this; so that next season we hope to see plenty of associated play from the cup team men.

Mr. Francis Jordon Coleman, of North Burton, Yorkshire, to whom our hearty congratulations are due as this year's Treasurer's Gold Medallist in Medicine, obtained at nine years of age one of the then existing Government Board School Grants, whereupon he proceeded to Elmfield College, at York, where he obtained the Hugh Bourne Scholarship for two consecutive years, and silver medals for Mathematics and Natural Science. He next studied at the Yorkshire College, Leeds, and passed the London Preliminary Scientific. Joining Guy's in 1888, he has made a distinguished position for himself by being bracketed first for the Fourth Year's Prize, and also obtaining the Beaney Prize. At the London M.B., he took honours in Medicine, and also obtained honours at the B.S.

Since writing the above paragraph, and at the moment of going to press, we learn that the

Treasurer's Gold Medal for Clinical Surgery has been awarded to Mr. George Lawrence. We offer him our most hearty congratulations.

WE hope that the athletic authorities generally will make an effort to help the GAZETTE more efficiently. It is quite impossible that we can have official reporters to follow every event. This week we have been disappointed in the eleventh hour, both as regards cricket and tennis. This necessitates, as will be seen, an imposing appearance of editorial large print, so that a very serious responsibility has fallen on the shoulders of lagging reporters!

OUR attention has been called to the following amusing paragraph from Bransby Cooper's "Life of Sir Astley Cooper":—

> "One morning our visitor was Professor Vince, of Cambridge, and my uncle almost immediately began to talk to him upon the subject of these velocipedes. The doctor said he had heard of them, and admitted the ingenuity of the contrivance. This induced Sir Astley at once to declare all his fears resulting from their universal employment. 'Sir,' said he, 'it will alter the face of the country; no grass will be grown, but all farms will become arable, for who will keep horses when a machine can be substituted which does not cost more than £2 or £3, and the first outlay is the whole expense?' 'Sir,' said Mr. Vince, 'I misunderstood you; the expediency of its application I merely admitted to the extent of a toy, for it can never facilitate or expedite a lengthened journey. It would be contrary to every axiom in mathematics to suppose it could, for it is impossible by any mechanism to increase your velocity without diminishing your power; and as, in this instance, the power emanates from the employer he would soon become too happy to be satisfied with the speed of his natural progression, and glad to cease exhausting himself by sustaining an additional weight to his own body.' This prophecy, I believe, was realised, for certainly within six months at any rate, there was no one who had hardihood enough to confess that he had ever used a velocipede for any other purpose than temporary amusement."

So much for prophecy, even when the prophets might have been supposed to "know."

DR. GALABIN performed the Cæsarian section successfully on the 15th of the month; the obstruction to the normal completion of labour being caused by the congenital malformation of the uterus. On the 17th he carried the operation of Symphysiotomy to a successful termination, in a case of contracted pelvis. Dr. Horrocks set the example by extracting a living child on the 13th, by means of the Cæsarian operation; the pelvis being generally a contracted pelvis. A few further notes are given upon page 229. All three mothers and all three babes are doing well up to going to press.

WE publish to-day the first of what we propose to make a series of Cases for Commentary. Two of them this week are those set at the Treasurer's Prize Medal examinations, while for the other we are indebted to the Medical Registrar. Official Commentaries will, we hope, appear in our next issue.

As an echo from the past of a somewhat unusual kind, our readers will welcome the quotation from his course of lectures in 1859, which Dr. France has kindly allowed us to publish.

PATIENTS who are in the Hospital at Christmas get a monopoly of everything in the way of festivities. Why could not something in the nature of an open-air concert be organised during the summer for the enjoyment of such patients as can be moved into the park? Plenty of help would be forthcoming. In the time of the old rooms the patients, and especially the younger community, came in for plenty of "cakes and ale," which they miss nowadays.

THE thanks of the GAZETTE have been very frequently due to Mr. Hacquoil for the excellent photographs he has supplied for its use. Two of his recent pictures, which have been sent out in the prospectus of the Dental School, are of such surpassing excellence that we hope to be allowed to reproduce them later on.

THE GAZETTE has never posed as a purist, and it is certainly no function of ours to preach. But correspondence which we have not published, and verbal complaints to which we have hitherto paid no attention, have urged upon us the desirability of protesting against the Monte Carlo tendencies which are just now rather rife at Guy's. There is no doubt that the thing is distinctly overdone, and reflects little credit on the particular set of men who are responsible for it.

WE understand that a match of unusual interest to the sporting fraternity takes place this afternoon on the ground of the Clubs' Union. We hasten to give due publicity to the trial of strength and skill which it is thought will take rank as a first-class and historic performance in the athletic world. A copy of the prospective advertisement fell into the hands of our sporting correspondent, and contrary to our usual custom, and in view of the standing of the parties concerned, we insert it free of charge. Extra precautions have been taken by the local Police and the County Council, as a huge gate is expected. Both men are in strict training, and an excellent wicket has been prepared by the ground-man.

HONORIS CAUSA.

A GREAT SINGLE-WICKET CRICKET MATCH will take place (D.V.) on SATURDAY, JUNE 24th, 1893, between E. T. SHORLAND (the original "Ditch") and W. J. HANCOCK ("Sickly-Legs") on the GROUND OF THE GUY'S HOSPITAL CLUBS' UNION, BROCKLEY, S.E. Wickets will be pitched at 3 p.m. sharp, and the match will be played under M.C.C. rules. Ladies specially invited.

GUY'S HOSPITAL DENTAL DEPARTMENT.

PRACTICE DURING APRIL, 1893.

Gold Fillings	118
Amalgam ,, ...	42
Osteo ,, ...	38
Perm. G.P. ,, ...	18
Temp. G.P. ,, ...	130
Artificial Crowns	5
Scalings	1
Dressings	—
Attendances for Mechanical Appliances	27
,, Extractions under Anæsthetics ...	332
,, ,, without ,, ...	467
Advice	—
Total	1178

ON CHARITY INTENT.

The Labour Department report that there has been no indication of the applicability of the "Eight Hours' Bill" during the past week. The explanation given by the Senior Member for the Dorcas Ward is that three ladies presented themselves for admission on the 13th, 15th and 17th of the current month respectively. Certain undertakings,—operatical, chirurgical, obstetrical, mechanical, operatical-obstetrical, mechanical-chirurgical, and obstetrical-operatical, resulted in a nett and gross increase of the population of that celebrated ward to the extent of two dames and one esquire.

The shade of Caius Julius Cæsar was in evidence on the 13th and 15th instant, the manifestation ceasing soon after the usual hour of midnight by the disappearance of his wraith; thus, 'ere Chanticleer could put an untimely end to the proceedings, one dame and one esquire had joined the minority.

On the 17th ultimo there was a semblance of the return of the spirit of the great would-be Emperor; but the shades of Brutus, Casca & Co. interfered, and the peritoneum remained untouched by the hand of man: a rift appeared 'twixt the pubic osseal structures, and, with the help of a quaint prehensile apparatus, the second dame respired the electrically-lighted air. Statistical, operatical, mechanical, chirurgical, obstetrical, observations show how busy must old "Guy's" be, for, taking but a single week, a trio of infants have been timely ripped or otherwise removed *secundum artem terminationis sæculi*. This gives an average of 104 Cæsarian sections and 52 Symphysiotomies in the year,—surely this is no mean record.

N.B.—The three fathers are all doing exceedingly well.

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FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

T. H. S., St. Leonards.—There are tubercle bacilli in this specimen of sputum.

E. R. M., Hastings.—No tubercle bacilli can be found in this specimen.

H. K., Northampton.—Squamous epithelioma of lip. The tissue of the lip is replaced at one part by a growth consisting of epithelial cells arranged in alveoli, surrounded by leucocytes; the arrangement into "bird's nests" is well seen. The muscle fibres are seen in all stages of absorption before the growth, and portions of this are seen separating the muscular fibres.

PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. HUNT, GAZETTE, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

Appointments.

The following appointments have been made by the Treasurer:—

House Physicians.—Messrs. C. C. Elliott (Dr. Taylor); A. M. Daldy (Dr. Goodhart).

House Surgeons.—Messrs. T. R. Taylor (Mr. Durham); C. S. Pantin (Mr. Lucas).

Assistant House Physicians.—Messrs. H. Cooper and J. H. Muncaster.

Assistant House Surgeons.—Messrs. W. Bligh and T. D. Lister.

The above to begin duty on July 1st.

Obstetric Residents.—Messrs. A. W. Sheen (July); J. D. Thomas (August); S. G. Floyd (September).

The following appointments have been recommended by the Medical Council, and approved by the Treasurer:—

Clinical Assistants—Messrs. W. R. Grove, F. Hazell, R. C. Kirkby, J. B. Leathes, V. Pendred, W. Poole.

Dressers in the Eye Wards.—Messrs. A. Chaning Pearce, G. Jimenez, (Mr. Higgens), (July); C. E. Cooper E. Reid (Mr. Brailey) (July); A. H. Leete, L. Slater (Mr. Higgens) (September); J. A. Howard, H. M. Stewart (Mr. Brailey) (September).

Surgeons' Dressers.—Messrs. J. H. Busteed, H. Hewetson, H. G. T. Major, W. F. Miller, T. M. Nicholson, W. H. Peake (Mr. Durham); H. W. Beach, C. E. Carpmael, H. A. Duffett, C. A. Ensor, C. L. Hopkins, F. Zumbado (Mr. Howse); L. Bensted, A. C. Fry, S. G. Graham, A. K. Matthews, E. S. Roberts, R. Serjeant (Mr. Davies-Colley); E. F. H. Hardenberg, L. A. Parry, E. A. Peters, B. G. Reynolds, J. R. Steinhaeuser, E. C. Taylor (Mr. Lucas).

Assistant Surgeons' Dressers.—Messrs. J. W. Ensor, A. H. H. Huckle, A. A. H. Partridge, J. C. S. Peatson, A. A. Price, D. W. Thomas (Mr. Golding-Bird), L. E. V. Every-Clayton, R. H. Hayes, W. E. Robinson, C. B. Statham, M. E. Tresidder, A. Scott Turner (Mr. Jacobson); G. F. Birdwood, J. T. Brickwell, B. F. Pendred, L. G. Reynolds, L. Worts (Mr. Symonds); H. T. S. Bell, A. V. Clarke, E. R. Fothergill, J. G. O. H. Lane, H. D. Packer, W. A. L. Smith (Mr. Lane).

Medical Ward Clerks.—Messrs. L. H. Y. Stephen, A. R. Hitchfield, R. Henderson, F. Loud, B. A. Richmond, E. H. Van Someren, C. A. Trouncer, E. T. Shorland, H. W. Collier, J. H. Horton, A. Salter, A. Armer, E. E. Henderson, C. J. Kearney, G. L. Eastes, W. S. Handley, W. M. Price, H. A. Moffat, F. J. Steward, H. Pern, S. Copley, J. W. Bird, B. W. M. A. Key, T. H. B. Yorath, C. C. Jenkins, W. A. Carden, H. J. Milbank Smith, R. L. Roberts, W. F. Byford, H. R. T. Fort, A. P. Beddard, P. R. Lowe.

Assistant Physicians' Clerks.—Messrs. C. M. Beadnell, J. J. Coleman, C. E. Covernton (Dr. Pitt); H. E. Cock, A. E. Philipps, H. B. Stoner (Dr. Shaw); H. J. F. Bourne, S. Hughes, C. H. Hunter (Dr. Washbourn).

Aural Surgeon's Dressers.—Messrs. A. P. Allan, N. Instone (July and August); E. G. Annis (September and October).

Dental Surgeon's Dressers.—Messrs. S. Infield (July and August); E. S. Hoare (August and September).

Dressers in the Throat Department.—Messrs. A. G. Buchanan, F. N. Day, T. D. Manning, F. W. Wilson.

Post-mortem Clerk.—Mr. C. H. Bryant (August and September).

Obstetric Ward Clerk.—Mr. L. C. Burrell.

Obstetric Out Patients' Clerks.—Messrs. T. Burrow, E. H. Drake, L. A. Paul—1st half; A. J. Collis—2nd half.

Surgical Ward Clerks.—Messrs. N. Daly, A. J. Dolman, C. D. Edwards, F. A. Godson, B. B. Ham, E. B. Marriott, R. O. Moon, B. P. O'Neill, W. C. Pakes, A. S. J. Pearse, F. R. Proctor-Sims, F. W. Rowland, W. J. Rowland, C. C. Stead, E. R. Thomas, E. H. Tipper, P. E. Tresidder, W. Tyson, P. N. Vellacott, S. Whicher, H. L. Williams, W. C. P. Winter.

Assistant Surgeons' Clerks.—Messrs. A. B. Passmore (Mr. Golding-Bird); B. B. Gough, W. E. Plummer (Mr. Jacobson).

Externs.—Messrs. J. C. Constable, E. F. H. Hardenberg, H. Hewetson, L. A. Parry, W. H. Peake, B. G. Reynolds.

Assistant Demonstrators of Anatomy.—Messrs. C. H. Fagge and W. E. Plummer.

Assistant Demonstrator of Physiology.—Mr. V. E. Collins.

Prosectors.—Messrs. R. T. Fitz-Hugh, J. O. Garland, B. B. Gough, E. J. O'Meara, A. B. Passmore, J. T. Roberts, R. P. Rowlands, W. H. M. Smith, E. Ivens Spriggs.

PASS LIST.

UNIVERSITY OF OXFORD, JUNE, 1893.

FINAL EXAMINATION FOR THE DEGREES OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.

H. Cooper. J. B. Leathes.

UNIVERSITY OF CAMBRIDGE.

SECOND EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.

PART I.

PHARMACEUTICAL CHEMISTRY.

Marriott, E. B. Parsons, J. E. H.

PART II.

HUMAN ANATOMY AND PHYSIOLOGY.

Godson, F. A. Stead, C. C.
Pearse, A. Tyson, W.

TREASURER'S GOLD MEDALS.

The Treasurer's Gold Medal for Clinical Medicine has been awarded to Mr. FRANCIS JORDON COLEMAN, and that for Clinical Surgery to Mr. GEORGE LAWRENCE.

EXTRACTS FROM MY NOTE-BOOK.

By THOMAS BRYANT, F.R.C.S., Eng. and I., M.Ch.

TACTUS ERUDITUS BY JOHN HUNTER.

"The knowledge of the soft, the hard, and the thrill, are such as can only be acquired with accuracy by the habit of feeling pulses, and by many it is not to be attained, for simple sensations in the minds of two men are seldom alike. Thus we find it happens with respect to music: for what would be disagreeable and not in harmony to one ear, which is nice and accustomed to the harmony of sounds, will not be so to another. The late Dr. W. Hunter (John's brother) was a striking instance of this; for, though he was extremely accurate in most things, he could never feel that nice distinction in the pulse that others did.

"Frequency of pulsation is measurable by instruments; smartness or quickness in the stroke, with a pause, is measurable by the touch; but the nicer peculiarities in the pulse are only sensations in the mind. I think I have been certain of the pulse having a disagreeable jar in it when others did not perceive it—when they were only sensible of its frequency and strength,—and it is, perhaps, this jar that is the specific distinction between constitutional disease, or irritation and health."

DIAGNOSTIC POWER OF JOHN HUNTER, AS DESCRIBED BY ABERNETHY.

"Mr. Hunter's sagacity led him speedily to discover and detect those impositions which some persons are induced to practice on us. A patient in the Hospital feigned to be afflicted with catalepsy, in which disorder, it is said, a person loses all consciousness and volition, yet remains in the very attitude in which they were suddenly seized with this temporary suspension of the intellectual functions. Mr. Hunter began to comment before the surrounding students on the strangeness of the latter circumstance, and, as the man stood with his hand a little extended and elevated, he said, 'You see, gentlemen, that the hand is supported merely in consequence of the muscles persevering in that action to which volition had excited them prior to the cataleptic seizure. I wonder,' continued he, 'what additional weight they would support,' and so saying, he slipped the noose of a cord round the wrist, and hung to the other end a small weight, which produced no alteration in the position of the hand! Then, after a short time, with a pair of scissors, he imperceptibly snipped the cord. The weight fell to the ground, and the hand was as suddenly raised in the air by the increased effort which volition had exacted for the support of the additional weight. Thus it was manifested that the man possessed both consciousness and volition, and the impostor stood revealed."

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—Your correspondent, Mr. Fulham-Turner, makes a statement which, if uncorrected, might do some harm to the many interesting Societies and Clubs which it is to be hoped are germinating at Guy's Hospital. He states that the members of the Staff have entered into a compact not to support any institution not belonging to the Union. On the formation of the Clubs' Union the members of the Staff at a school meeting agreed to support the clubs that entered into the Union by a conjoint subscription to the Union instead of by individual subscriptions to each of the clubs, as was previously the custom, and the secretaries of these clubs on their part undertook not to ask members of the Staff for donations or subscriptions. Naturally, no arrangement was made with regard to clubs which did not then exist or were not included in the amalgamation scheme, and the secretaries of such clubs are clearly not prohibited from soliciting subscriptions from members of the Staff, nor is there any understanding on the part of the Staff collectively to withhold their support from clubs outside the Union.—I am, yours truly,

HON. SEC. CLUBS' UNION.

DEAR SIR,—We have plenty of patients of every variety, a magnificent museum of preserved specimens, and unique wax models, with every facility for studying them. On the other hand, we have buried somewhere a collection of drawings equally useful. From time to time a clinical lecture is illustrated with drawings which are "speaking likenesses." A hurried glance as they are handed round and then they are buried again. In many instances a drawing is far more useful than a preparation, because the colours are preserved. I am sure the display of the most useful of these drawings would be a much-appreciated boon. There is plenty of well-lighted wall space in the Museum, in the Long Room, on the stone staircase, and, best of all, in the unused gallery of the Anatomical Theatre. If there should not be room for all worth exhibiting, they might be changed from time to time. At any rate, walls would be well covered, and many a valuable "picture" would be "fixed" and stored up, for future use in the countless journeys we make about the Museum.—Yours,

EXPECTANS.

DEAR MR. EDITOR,—Would some of your numerous readers favour the GAZETTE with lists not of the best one hundred books, but the best list of medical books which a Guy's man should possess. First, those text books which are absolutely necessary, making the list as small and inexpensive as possible; and then a list of the masterpieces in medical literature, which men would be wise to

purchase, such as Hutchinson's "Syphilis," Sir James Paget's "Clinical Lectures," etc., and any which would be of real and lasting value.—Yours,

K.

SIR,—*Might I avail myself of the medium which is* afforded by your paper of airing a grievance? Sir, I am a hard-working, third year's man, and during the last three months have been acquiring the rudiments of medicine in the wards. To my surprise and horror I find I have been doomed to complete my study of medicine in the out-patient department, where one of my duties is to select the more interesting cases for the Assistant Physician—I, who have hardly yet mastered the preliminary steps of medicine.

How, sir, am I to conceal my ignorance of diagnosis and escape disaster?—I am, sir, yours obediently,

"REJECTED."

WEST AFRICAN NOTES.

(Continued.)

The Kroomen are not by any means backward in consulting the "white doctor," the smallest scratch or slightest pain usually causing them to apply to him for treatment. Of serious casualties we had but few, the worst case being a strangulated inguinal hernia in a Kroo, by name Joe; it was apparently quite irreducible, and all *treatment, other than operation,* having failed, this had been decided upon; so, in order to keep the patient quiet until a favourable opportunity occurred for operating, 1½ grains of powdered opium were given him; in a couple of hours, everything being ready for surgical treatment, the Krooman was fetched, when we found the hernia had disappeared, shall we say happily for the patient, but unhappily for the surgeon?

Scrotal herniæ are very common amongst the Kroomen, probably being due to the congenital laxity of the parts, for during boyhood masturbation is common, and in a quarrel between one another, instead of blows, the great point is to obtain a firm grip of the scrotum and penis (it was to this cause the strangulation in our case was due); many of them are adepts in reducing hernia by taxis, and several had tried their skill on Joe before we were consulted.

Of other affections, as might be expected, we had the various stages of gonorrhœa and syphilis to treat, though these complaints are not so common amongst Kroomen as in the natives of the Oil Rivers district; a few cases of phthisis were also met with; the disease ainhum was present in some; unfortunately we were unable to find a good specimen, though one of the head men from Grand Sesters had asked us to remove both his little toes, as he endured a good deal of pain from an advanced condition of this ailment, yet his courage failed at the crucial point, and he preferred to lose them naturally, rather than by aid of the scalpel.

We also had a severe case of axillary and sub-pectoral abscess in one of the chief officers to treat. This had recurred, it having made its first appearance during the previous voyage, when it caused a considerable amount of trouble; however, the frequent application of poultices, with appropriate internal treatment, soon led to improvement and healing. These poultices fell to our hands to make, the surgeon having, naturally, to act also as nurse, if he wish his patients to recover quickly; and so we should advise every Guy's man to do as we did, viz., acquire a certain knowledge of nursing, poultice-making, sheet-changing, etc., in the hospital wards before quitting his *alma mater*; for not alone at sea, but in general practice, will he find such knowledge often of greater service than—say, the action of recently-introduced non-official drugs.

At Quittah we procured our "chop"—that is, food supply; this "chop" was a contrast to that we had previously, all the live stock being on a smaller scale than in temperate regions, the fowls being the size of bantams, turkeys corresponding to our fowls, and ducks in proportion, and the African sheep appeared to be more goat than mutton.

Our next port was Lagos; here we were quarantined for three days, then proceeded to Warri. This is one of the native towns and European settlements in the Niger Coast Protectorate, and is some miles up the Forcados river or creek, said to be one of the many mouths of the Niger. In the course of our voyage we went up many of these creeks, and all are more or less alike, not by any means interesting, but winding and twisting with many mudbanks, rendering navigation difficult, often so narrow that the bows of the steamers are forced into the bush, either carried there by the current or designedly so to assist in swinging round a corner; the water is thick and dirty, the banks low and muddy, with here and there, for varying distances, the octopus-like mangrove growing out of the swamps, fringing the water's edge; now and then we came across a dry, sandy beach, with fine African oaks and other trees reaching high above a luxuriant impenetrable undergrowth. Occasionally, we passed canoes, some occupied by tribes of a low type, who live for part of the year in the bush and part on board their canoes; others bearing oil or kernels to the factories, or returning with puncheons of rum or cases of gin obtained in trade for the oil and kernels. In all the creeks we visited we only came across one picturesque spot, and that was at Escardos, between Benin and Warri.

The European settlement at Warri is similar to all the others in this district, and consists of several factories, and the vice-consul's house. Each building is composed of a two-storied corrugated iron bungalow, the ground floor being occupied by the "shop," where all the European goods are kept; the upper storey is given up to the living and sleeping rooms of the white men. Round the bungalow are the out-houses for storing the kernels and oil; these stores are connected by a covered way with a pier, which is also roofed, and projects into the creek or river. The whole block of buildings is surrounded by a compound, in some cases given up to experiments in the growth of coffee, maize, and other useful tropical plants;

in others small gardens are found. The trader makes himself as comfortable as he can in his exile, a great resource being the billiard table, ambulatory exercise—except to a very limited extent—being difficult, the paths, few and far between, are only single tracks through the bush, nearly always damp underfoot, and leading simply to the native towns.

Soon after leaving Warri, two or three on board were seized with African fever, and from there till we neared Havre on the return, there was usually one or more in the sick-bay. We had several serious cases, and with the permission of the editor, hope to embody our experiences of malarial or African fever in a future issue.

From Warri we visited other trading centres, including Opobo, Bonny, Buguma, Abonnema, Degema, Benin, Brass, Akassa, Old Calabar, and on our return Lagos, Sierra Leone, and Grand Canary.

There is generally a British medical man to be found at most of the settlements; we made the acquaintance of some, and were very hospitably received. At the more important places, such as Old Calabar and Lagos, there are two or more; their work is at times monotonous, and of course the climate is very trying. After three years a visit home is imperative, though some stay out longer, and return again and again; the incomes are not large, a few are lucky in receiving good fees from the native chiefs, but out there, like elsewhere, overcrowding is complained of, and large fees are few and far between.

We were fortunate in visiting the coast just at the close of the rainy season, hence did not find the heat very oppressive; yet it was quite warm enough with a temperature both by day and night ranging from 85° to 95° in our cabin; having also to sleep under a mosquito net on some occasions tended too to render the heat more severe. Physiologically, it was interesting to note how our sudoriporous glands appeared to enlarge, looking like minute white points in the skin, with the secretion continually oozing out.

A. R. F. EVERSHED.

CALENDAR OF COMING EVENTS.

June 29th.—Second Conjoint Examination begins.
,, 29th.—Guy's *v.* Whitgift return, at Marden Park.
July 1st.—Guy's *v.* St. Paul's School, at Caterham.
,, 1st.—October Appointment List opened.
,, 1st.—Last day for sending in to Dean Gurney-Hoare Prize Essays.
,, 1st.—2nd XI. *v.* Felstead School, at Felstead.
,, 4th.—Application to Medical Office for Schedules for First Conjoint Examination, not later than this date.
,, 4th.—"A" Team *v.* Dunstable Grammar School, at Dunstable.
,, 5th.—Third Conjoint Examination begins.
,, 5th.—2nd XI. *v.* Dulwich College, at Dulwich.

RECENT ADDITIONS TO THE LIBRARY.

Thompson's Outlines of Zoology.
Morris' Anatomy.
Mann's Forensic Medicine.
The Clinical Journal (weekly).

PRESENTATIONS.

Taylor's Practice of Medicine, latest edition. By the Author.
Galabin's Diseases of Women, latest edition. By the Author.
Dalby's Diseases and Injuries of the Ear. By the Author.
Juler's Ophthalmic Science and Practice. By the Author.
Phillips' Diseases of Women. By the Author.
Bryant's Hunterian Oration, 1893. By the Author.
Sir Wm. Bowman's Works. 2 vols., 4to. W. A. Brailey, Esq.
Burckhardt and Fenwick's Atlas of Cystoscopy. E. H. Fenwick, Esq.
Motichand Shali's Rhinoplasty. R. P. Vorah, Esq.
Transactions of the Seventh International Congress of Hygiene and Democracy.
Antiquarian Notices of Syphilis in Scotland.
University College Hospital—Surgical and Medical Cases, 1890.
London Temperance Hospital—Surgical and Medical Cases, 1889—90—91.

RECENT PUBLICATIONS.

Aitchison (R. S.). A Medical Handbook for the use of Practitioners and Students. Illustrated, 12mo. Griffin & Co., 8/6.

Berdoe (Edward). The Origin and Growth of the Healing Art: a popular History of Medicine in all Ages and Countries. Illustrated, 8vo. Sonnenschein, 12/6.

Burckhardit (E.), and Fenwick (E. H.). Atlas of Electric Cystoscopy. Thirty-four coloured plates, royal 8vo. Churchill, 21/-.

Dalby (Sir W. B.). Diseases and Injuries of the Ear. Fourth edition, crown 8vo. Churchill, 10/6.

Dutton (T.). Indigestion clearly Explained, Treated, and Dieted. Second edition, crown 8vo. Rimpton, 2/-.

Lewers (A. H. N.). Practical Text-book of the Diseases of Women. Fourth edition, crown 8vo. Lewis, 10/6.

Macready (J. F. C. H.). Treatise on Ruptures. Illustrated, royal 8vo. Griffin & Co., 25/-.

Mann (J. W.). Forensic Medicine and Toxicology. Royal 8vo. Griffin & Co., 21/-.

Migula (W.). An Introduction to Practical Bacteriology; translated by M. Campbell, and edited by H. J. Campbell. Illustrated, crown 8vo. Sonnenschein, 6/-.

Phillips (J.). Outlines of the Diseases of Women. Illustrated, crown 8vo. Griffin & Co., 7/6.

Playfair (W. L.). Science and Practice of Midwifery. Eighth edition, 2 vols., 8vo. Smith, Elder & Co., 28/-.

Schweinitz (G. E. de). Diseases of the Eye. Illustrated, 8vo. Churchill, 18/-.

Snow (H.). Practical and Theoretic Treatise on Cancer, and the Cancer Process. 8vo. Churchill, 15/-.

Stirling (W.). Outlines of Practical Histology. Illustrated, 2nd edition, revised and enlarged, crown 8vo. Griffin & Co., 12/6.

Swayne (J. G.). Obstetric Aphorisms for the use of Students commencing Midwifery Practice. Tenth edition. Churchill, 3/6.

Ziemssen (O.). Treatment of Constitutional Syphilis. 8vo. Lewis, 3/6.

APPOINTMENT.

GREEN, ALFRED WITHERS, L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Medical Officer for the Workhouse and Casual Wards for the City of London Union.

Sport.

CRICKET.

EASTBOURNE v. GUY'S.

Played at Eastbourne, June 3rd. The "Home Team" had much the better of the day's cricket, but could only manage to make a draw of it. J. Browne and E. Matheson ran up scores of 103 and 157 respectively, and when the score had reached 319 for four wickets the Eastbourne captain decided to declare. The Hospital started well, the first three wickets produced 132; then a rot set in, and, at the call of time, nine wickets were down for 185, thus depriving our opponents of victory.

The team were afterwards handsomely entertained by that good sportsman, H. J. Holman; during his captaincy of the "Soccer Team," he managed to bring home the United Hospitals Cup three times, also the Surrey Cup and Shield.

EASTBOURNE.

Wilkinson, A. M., c Hewetson, b Johnson	29
Hughes, H. G., c Loud, b Johnson	0
Bush, T. W., b Joyce	1
Browne, J., not out	103
Matheson, E., not out	157
Horne, L. E., c Loud, b Johnson	3
Scott, Rev. A. C., did not bat	
Hanbury, E. " "	
Paterson, A. G. " "	
Witfield, T. S. " "	
Richardson, T. R. " "	
Extras	26
Total for 4 wickets	319

GUY'S.

Francis, C. J., c Richardson, b Horne	47
Guy, F. J., c Browne, b Horne	14
Stamford, R. B., c Richardson, b Paterson	43
Perks, A., b Horne	21
Hicks, H. T., b Paterson	0
Johnson, J. H., b Horne	0
Joyce, J. H., not out	11
Ham, B. B., c Scott, b Browne	23
Loud, H., not out	10
Hayes, N., to bat	0
Hewetson, H., c Matheson, b Browne	1
Extras	15
Total for 8 wickets	185

GUY'S v. SURBITON.

In splendid weather, and on a good wicket, this match was played at Surbiton, June 10th. The Hospital won the toss, and naturally decided to bat first. At 12 o'clock Francis and Wales opened the Guy's innings. The bowling was shared by Jupp and Pinkerton. At 24 Francis was dismissed, being out lbw to Jupp. Shorland came in first wicket down and soon commenced hitting merrily; his career was short; off a bad stroke he was easily caught by Howell—2 for 41. Wales and Stamford carried the score to 58 before a separation was effected. Two runs on saw Stamford caught in the slips. Trouncer and Hancock gave the bowlers a lot of trouble, the "century" soon appearing. The score at luncheon-time stood at 115 for five wickets. At 2.25 the not-outs resumed batting, to the bowling of Jupp and Bailey. At 126 Hancock was badly missed at mid-on; this pair carried the score to 151 before being parted. At 158 Hancock was bowled by Jupp, whilst trying to draw a ball round to leg. Kingston added a useful 16 before being caught. Cavendish was sent back without adding to the total. Jackson and Ham put on 15 before the close of the innings. After the usual interval, Surbiton commenced batting with Windeler and P. Castle, to the bowling of Kingston and Hancock. Castle was soon disposed of by the latter bowler in his first over. Walker came in, and 10 soon appeared on the board. Kingston sent down three maidens, and Hancock two in succession. At 24 Windeler was disposed of lbw. Barlow joined Walker, and after 8 had been added to the score the latter was clean bowled by Hancock. The partnership of Barlow and Jupp caused some little trouble, carrying the score from 32 to 68 before Jupp was out lbw to Hancock. Beckley came in. At 72 Barlow was well caught in the "country" by Francis. Howell, next man in, gave no trouble, his first ball beat him. Beckley should have been caught at 74; this mistake did not cost much, because three runs on Trouncer caught him. Fielding and Bailey carried the score to 104 before a dissolution. The last two wickets put on 14 runs before the innings closed.

The Hospital thus won by 69 runs. Surbiton should have been dismissed for a smaller total. The fielding of Guy's was very weak, several catches being missed. Perks will make a very useful addition to the "Cup Team" next year; he batted well for his 33.

GUY'S.

Francis, C. J., l b w, b Jupp	18
Wales, R., b Jupp	19
Shorland, E. T., c Howell, b Jupp	9
Trouncer, C. A., b Barlow	18
Stamford, R. B., c Castle, b Pinkerton	2
Hancock, W. J., b Jupp	48
Kingston, J. H., c Jupp, b Barlow	16
Perks, A., c Beaven, b Jupp	33
Ham, B. B., not out	3
Cavendish, A., c Jupp, b Barlow	0
Jackson, T. L., b Windeler	12
Extras	9
Total	187

SURBITON.

1ST INNINGS.		2ND INNINGS.	
Windeler, W., l b w, b Hancock	9	not out	7
Castle, P., b Hancock	4		
Walker, E. J., b Hancock	6		
Jupp, H. H., l b w, b Hancock	21	not out	33
Barlow, H.O., c Francis, b Kingston	11	b Trouncer	20
Beckley, S. H., c Trouncer, b Kingston	6	c & b Stamford	0
Howell, R., b Hancock	0	c & b Stamford	43
Fielding, F., not out	12	c Francis, b Wales	4
Bailey, Rev. C. R., c Hancock, b Shorland	16		
Beaven, Rev. A. E., c Ham, b Trouncer	8		
Pinkerten, G., st Read, b Trouncer	3		
Extras	22		
Total	118	Total for 4 wkts	107

GUY'S HOSPITAL ATHLETIC CLUB.

ANNUAL SPORTS.

The Annual Sports' Meeting of the Athletic Club at Guy's has always been an occasion of interest and pleasure to its many friends, so it was not surprising nor exceptional to see a large concourse of students and friends on the grounds of the London Athletic Club on Thursday afternoon last, to witness the '93 meeting. Additional interest lent itself to the Sports from the fact that Guy's hold the "Challenge Shield," and, as should be, the Champion Hospital gave an excellent display. A slight breeze, with occasional bursts of sunshine, kept the temperature just right, while the gay dresses and sunshades of the "superior" sex gave an air of festivity and picturesqueness, which made the afternoon an enjoyable and pleasant one indeed. Occasions like these serve to bring out in most men the commendable desire to promenade about with their (or other fellows') "sisters, and their cousins, and their aunts," or what in the common tongue is spoken of as "trotting one's people round, you know." There was, in fact, a distinguished and appreciative audience, and what is more, they appeared to have enjoyed the "outing." The arrangements of the officials was of the best, and the racing went without a hitch. The judges were: Messrs. L. A. Dunn, A. D. Fripp, and J. H. Bryant. Referee: Mr. L. E. James. Starter: Mr. F. W. Parker, L.A.C. Timekeeper: Nat. Perry. The Hon. Sec., Mr. H. T. Bell, and Committee are to be congratulated on the efficient manner in which the lap-scoring and marking of the competitors, etc., were managed. Details:—

100 YARDS HANDICAP.—Heat 1: E. A. Longhurst, 7 yards start, first; E. Morgan, 6 yards, second. Won by a foot. Time, 10⅖ secs. Heat 2: G. D. Edey, 6 yards, first; R. G. Pritchard, 6 yards, second. Time, 10⅗ secs. Heat 3: H. T. Bell, scratch, first; J. Moore, 6 yards, second. Won easily by a yard. Time, 10½ secs. Heat 4: M. E. Tresidder, 8 yards, first; A. W. Nourse, 6 yards, second. Time, 10⅗ secs. Heat 5: H. W. Dudgeon, 9 yards, first; P. R. Lowe, 5 yards, second. A very close finish, won by a touch. Time, 10⅖ secs. Heat 6: R. Balderston, 9 yards, first; W. East, 10 yards, second. Time, 10½ secs. Final Heat: Bell, first; Longhurst, second; Dudgeon, third. A very fine effort of the scratch man's landed him first by a touch; a foot between second and third. Time, a yard inside 10 secs.

HALF-MILE HANDICAP.—F. S. Batchelor, 15 yards start, first; H. Cook, 70 yards, second; R. Balderston, 40 yards, third. K. B. Alexander, 50 yards, fourth. Time, 2 min. 5⅗ secs. At the end of the first lap the order was Cook, Batchelor, with Alexander and Balderston close up. The virtual scratch man passed Cook in the straight, and won by two yards. Time, 2 mins, 5⅗ secs.

THREE MILES BICYCLE RACE.—H. M. Smith, 320 yards start, first; C. M. Beadnell, 320 yards, second; C. B. Sells, scratch, third. Beadnell and Smith kept together to the last lap, and though Sells rode in good form, he was unable to catch the limit men, Smith forging ahead and winning by 20 yards, 50 yards between second and third. Time, 10 min. 29⅕ secs.

120 YARDS HURDLE RACE.—A. H. Grace, scratch, first; P. R. Lowe, owes 20 yards, second; A. W. Nourse, scratch, third. Grace led all the way, closely followed by Nourse, who was beaten for second place over the last hurdle. Time, 18⅘ secs. Won by 3½ yards.

ONE MILE.—P. F. Henry, 280 yards start, first; A. H. Carter, 220 yards, second; A. E. Maturin, 140 yards, third; C. W. Gibson, 170 yards, fourth. The limit man drew away from the start, with Carter and Maturin next. Last year's winner was unable to draw up, and was beaten after a game effort for second place. Time, 4 min. 20⅖ secs.

220 YARDS HANDICAP.—E. A. Longhurst, 14 yards start, first; F. S. Batchelor, 8 yards, second; H. T. Bell, scratch, third. Bell ran in grand form, but was beaten by a foot. First and second close up. Time, 22⅖ secs.

THROWING THE HAMMER.—E. N. Scott, owes 15ft., distance 86ft. 3in., first; E. T. Shorland, scratch, 58ft. 7in., second.

QUARTER MILE HANDICAP.—E. A. Longhurst, 20 yards start, first; F. S. Batchelor, scratch, second; G. N. Mottram, 30 yards, 0; H. S. Desprez, 15 yards, 0. A good race won by a yard and a half. Batchelor shewed good form and pace, but could not reach the leader. Mottram ran well, but lack of training lost him a place. Time, 53⅖ secs.

SACK RACE.—R. T. Brown, first; R. T. Pritchard, second; H. Walling, third.

HIGH JUMP.—P. R. Lowe, owes 3in., 5ft. 4¼in., first; H. T. Bell, owes 5in., 5ft. 5½in., second; G. H. Mossop, scratch, 0; A. L. Morgan, scratch, 0. Bell jumped well, but failed at 5ft. 6in., so was beaten on the handicap by Lowe.

600 YARDS VETERANS' RACE.—N. Instone, 30 yards start, first; G. H. Steel, 45 yards, second; P. Wilmot, 10 yards, third; S. Floyd, 40 yards, fourth; J. J. Biggs, scratch, 0; W. G. Beyts, 20 yards, 0; A. Allport, 30 yards, 0; F. H. Cloud, 30 yards, 0. Bertie Steel led until just on the tape, when Instone, coming up strongly, beat him by a touch; 10 yards between second and third. Time, 1 min. 21⅕ secs.

880 YARDS STRANGERS' RACE.—C. F. Abbott, L.A.C., 48 yards start, first; H. A. Heath, L.A.C., 22 yards, second; A. W. Andrews, L.A.C., 34 yards, third; F. A. Cohen, E.A.C., 30 yards, fourth; P. W. James, St. Bartholomew's and L.A.C., 0. The scratch man, Harold-Wade, did not run, E. J. Wilkins being virtual scratch with 8 yards. A fast race, all being close up at the finish. Ten ran. Time, 1 min. 59⅕ secs.

PUTTING THE SHOT.—E. N. Scott, owes 1ft., 32ft. 7½in., first; W. McDonald, owes 1ft., 31ft. 7in., second; C. M. Beadnell, scratch, 0.

LONG JUMP.—E. Evans, scratch, 18ft., first; R. Balderston, scratch, 17ft. 2½in., second; C. T. Anderson, scratch, third.

THREE MILES HANDICAP.—P. F. Henry, 3 minutes start, first; H. A. Munro, scratch, second; M. E. Tressider, 2 min., third. The limit man ran pluckily and well, and Munro could not reach him, being beaten by 150 yards. Munro's times were:—1 mile, 5 min. 4 secs.; 2 miles, 10 min. 33 secs.; 3 miles, 15 min. 47 secs.

200 YARDS BAND RACE.—Griffin (Euphonium), first; Harris (Cornet), second.

300 YARDS CONSOLATION RACE.—R. Balderston, first; J. O. Garland, second.

Among the company present were Mr. Lucas (president), Mr. and Mrs. J. Brailey, Dr. and Mrs. Shaw, Mr and Mrs. Targett, Mr. Golding-Bird, Dr. Fawcett, Miss Newton, and a large number of old Guy's men, and several of the Sisters. During the afternoon the band of the M Division of Police, under Conductor O. H. Carter, performed a good programme of music (but why the "Old Hundredth" at a sports meeting?).

At the conclusion of the sports, Mr. Lucas made a few encouraging remarks on the Athletic Club's prospects, and hearty cheers having been accorded Mrs. Brailey, who graciously distributed the prizes, the proceedings terminated.

GUY'S HOSPITAL RIFLE ASSOCIATION.

The first prize competition for this season was held on Thursday, June 8th, at Ilford, but for some unexplained reason only eight members put in appearance. The result showed the handicapping to be fairly adequate, all the totals running out within 15 points, the limit men having 25 points. The best scoring was done by Luce, from scratch, who compiled 72. Winter coming next, also from scratch, with 65. At 500 and 600 yards the wind was very tricky, being of the fish-tail variety with frequent gusts; the light was fairly good, but mirage present in abundance. Elevation was affected to a marvellous degree, various members reporting a difference of 12 degrees, and this may possibly account for the universal low scores.

	200	500	600	H'cap.	Ag'gte.
W. H. Telling ...	23	27	10	15	75
H. Fulham-Turner	23	22	18	10	73
R. H. Luce ...	30	23	19	—	72
J. B. Winter ...	27	17	21	—	65
R. H. Ashwin ...	24	15	16	10	65
C. C. Jenkins ...	26	19	10	10	65
S. H. Mason ...	23	2	13	25	63
E. J. Dupigny ...	15	15	7	25	62

Birth.

SMALLPEICE—On May 17th, at Queen Anne's Gate, the wife of William Donald Smallpeice, L.R.C.P. Lond., of a daughter.

Marriage.

STEVENS—NEWTON.—On June 14th, at the Church of the Good Shepherd, Lee, S.E., by the Rev. J. A. Owen, Vicar of the Parish, George J. B. Stevens, M.R.C.S. Eng., L.R.C.P. Lond., of Wadhurst, Newington Green, N., to Emma, daughter of the late Edward Newton, of High Legh, Cheshire, and niece of Mrs. Tyach, of 91, Burnt Ash Road, S.E.

Guy's Hospital Gazette,
JULY 8, 1893.

CLINICAL LECTURE ON THE CONDITIONS DEMANDING COLOTOMY IN THE COURSE OF CANCER OF THE RECTUM, BY MR. SYMONDS.

GENTLEMEN,—I ask your attention to-day to a case of malignant obstruction of the rectum, and propose to discuss the question, as to the conditions demanding colotomy in this disease.

The notes of the case I read from the excellent report of Mr. A. P. BEDDARD.

Emma S., 64, was admitted on March 30th last, suffering from chronic intestinal obstruction. Having previously enjoyed good health, she was seized about Christmas last with severe pain and spasm in the abdomen. These lasted for three weeks. Since then she has had constipation, with small motions, the passage of slime without any blood, and occasional attacks of diarrhœa. There has been a good deal of vomiting also during these months. Five weeks ago all the symptoms increased, the vomiting became severe and at last fæcal, and the abdomen distended.

On March the 23rd—*i.e.*, seven days ago—the constipation gave rise to diarrhœa, the last passage being a small one on the 25th. Since then the sickness has been constant, and the obstruction complete. The treatment consisted in the administration of enemata; but so little notice did the patient take of her symptoms, that she did not send for medical advice till three days before her admission.

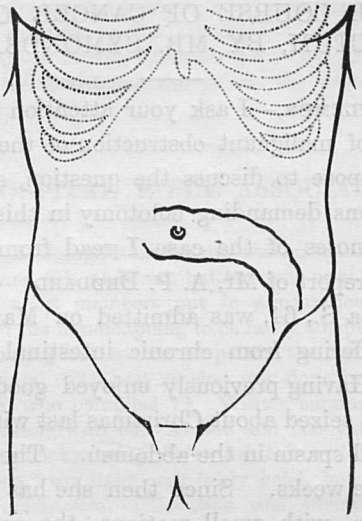
On admission, the patient was calm, her extremities were warm, the pulse 100, the temp. 99·6; in fact, her general condition was very good. The abdomen was greatly distended, and as the wall was thin, we had a good opportunity of seeing the coils of intestine, which were marked to the left of the middle line. These we took to be coils of the sigmoid. The right side was notably dull and resistant, up to the middle line. By the rectum, a large malignant mass could be felt high up. Certain, then, of the site of the obstruction, we took, as I have said, the coils to belong to the sigmoid, and the fulness of the right side to be caused by the distended cæcum.

As the only possible method of relief lay in colotomy, this was at once performed on the left side by the inguinal method. Small intestine at once appeared much distended, while, contrary to our expectations, the sigmoid could not at first be found. Towards the right side, however, reaching downwards from the umbilicus to the pelvis, and over to the median line, a large distended sac could be felt, which proved to be the cæcum. The sigmoid was later found lying perfectly empty, and collapsed in the iliac fossa, and for a moment it looked as if there must be a second obstruction, above this part of the bowel. I had, however, met this condition before, and now, as then, found that a little friction over the cæcum, and handling of the sigmoid caused the bowel to fill, and, indeed, it very soon became greatly distended. As it was necessary at once to give relief to the bowel, I adopted a plan I have used in several cases with success. A good loop of the bowel was brought out, then lint wrung out of carbolic was packed round the wound, and the bowel opened along the longitudinal fibres furthest from the mesentery. After the extreme distension had been relieved, the opening was closed by a continuous Lembert suture, the bowel carefully washed, the soiled lint removed, and then the surplus bowel was returned into the abdomen. The gut was then sutured to the skin by a continuous silk suture down each side, the ends being tied above and below. The temporary opening formed the centre of the exposed loop and bowel. All being secure, the temporary Lembert was removed, the wound in

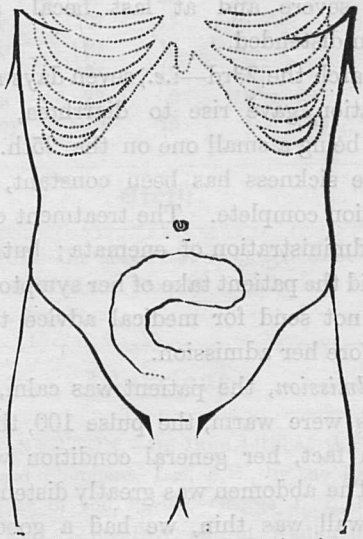
the bowel enlarged, and the patient sent to bed, with a layer of oiled gauze covered with a pad of wool over the wound. The proceeding occupied thirty-five minutes. During the night, a large amount of thin fæcal matter escaped, and next morning the abdomen was much softer. The cæcum could still be felt. There had been no sickness, the pulse was 96; she had taken milk and some brandy. The sutures were removed on the ninth day. On the sixth day, as the bowel was not acting, a dose of senna was given. The patient, apart from a slight thrombosis of the left iliac vein, due to her enforced rest, made a good recovery.

The case affords a good example of one of the conditions arising in the course of malignant disease of the rectum where colotomy becomes urgent, and it is the only method giving relief. The case presents however other points of interest to which I invite your attention. The *onset* of symptoms last Christmas, you will note, was sudden, and we find in these cases, and in obstruction in the sigmoid, or in any part of the large intestine, that the onset may be sudden. A patient previously quite well, and giving no history of bowel trouble, may come before you with intestinal obstruction, due to a cause which must have been in very gradual progress for months, as was the case here.

Let me next call your attention to the *appearance of the abdomen*, and particularly to the visible coils of bowel. The left side of the abdomen was notably softer than the right, and here the coils were seen. The right side was full and dull on percussion, and this condition reached to the median line. I will have more to say of the cæcum presently, so let me for the moment impress upon you the value of visible coiling of the bowel. It is always an indication of obstruction, and most often, and certainly when very marked, of chronic obstruction. I put the observation thus, for I have seen well-marked coiling in strangulated hernia. In the present case, knowing the site of obstruction, we took the coils to be sigmoid, but at the operation found them to represent the small intestine, the sigmoid being empty. Let me call your attention to this diagram of a case where the coiling was a good

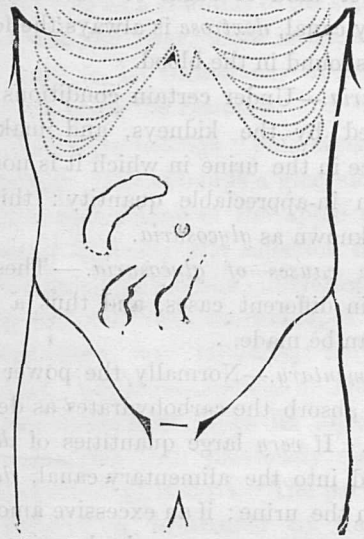


indication of the site of obstruction. The transverse and the descending colon formed a large coil half filling the cavity, the obstruction being in the rectum. Here is another, where coiling was entirely misleading. The



coil appeared to us to represent in its situation and its size the sigmoid, and both Dr. Goodhart

and myself diagnosed sigmoid obstruction of an unusual form, because of certain other symptoms. On opening the abdomen, however, I found that the coil was small bowel, enormously dilated and thickened, the cause being a tumour in the intestine. Here is another, where the coils,



being small and gathered over or near the cæcum, I took to be small bowel. So marked were the coils that I cut down over them, to find, as we had thought, that there was a cancer of the head of the cæcum. One of the coils was opened. You will find, then, the question of visible coiling one worthy separate study, and it would be worth while for one of you to collect a large number of cases showing the value of this sign.

Next, let us note, that the abdominal *tension* was slight, except when the bowel was in action. This, again, is a common condition. You can handle the abdomen without giving pain; you can almost grasp the coils, and, while handling, the peristaltic action is aroused. This, when set going, you can see sometimes suddenly cease, and always at a certain spot, and not infrequently with a distinct gurgle. Abdominal tension sometimes appears slight, when in fact it is extreme. I remember operating on a woman, with twenty days' obstruction and fæcal vomiting, where the abdominal wall appeared quite lax. This proved due to the fat only, for the moment the muscular wall was divided, the edges of the wound gaped widely. Observe in the report of the case that the whole of the region of the *cæcum* was dull. You may find in cases of obstruction much less tympanitis than you expect, and for the reason, that the bowel as a rule is filled with pultaceous semi-fluid material, with little gas. Let me stop for a moment to impress upon you the fact, that we do not find scybala above these obstructions. The material is always fluid. Therefore do not look for hard masses after giving an enema, for you will not find anything but soft or fluid motion. When this fills the bowel we get a more or less dull abdomen—certainly more dull than we often expect.

Let me next call your attention to the condition of the *cæcum*. It was distended, and to such an extent that for some time after the opening was made it did not empty. It is this part of the bowel which bears the brunt of the obstruction. You will recall in the history of the case that the sigmoid—the very part we expect to be distended, being nearest to the stricture—was empty. When these patients die from unrelieved obstruction it is the cæcum which gives way. Small ulcers form here, the result of hyper-distension. I remember one case to which I was being taken for the purpose of performing colotomy, when we were met by the house physician, who told us the bowel had perforated in the night. There, at the post-mortem, was a perforation of the cæcum. In a case of obstruction from syphilitic stricture of the rectum, upon which I operated, the patient died from the exhausting effect of the continual drain of pus from the colon. This we found due to the existence of ulceration of the cæcum. The whole of this part of the colon was covered with granular ulceration. Had I known of the possibility of this condition, the patient's life

might have been prolonged by the use of local treatment. While on this point I may say, that sometimes the cæcum is so paralysed that it is incapable of acting. I have never seen this myself, but you will find in a recent number of the *Lancet*, I think, two instructive cases by Mr. Cripps, in which vomiting continued after the removal of a sigmoid obstruction. Relief was only afforded by making a temporary opening into the cæcum. In a recent case, on which I operated, it was, I think, four days before the bowel acted. I have said enough to impress upon you the importance of paying attention to the condition of the cæcum. It is distended while the sigmoid may be empty, the wall is dull over its site, and this might lead us to operate here unwisely, the distension may be so great as to delay or to prevent the emptying of the bowel. *(To be continued.)*

ABSTRACT OF A LECTURE BY DR. STARLING, ON THE PHYSIOLOGY OF DIABETES.

The normal percentage of sugar in the blood is fairly constant, viz., ·1 to ·2 per cent. This, however, varies slightly in different parts of vascular system, *e.g.*, it is said to be greater in the blood obtained from vessels going to, than from those coming from a limb, suggesting that sugar is used up by the muscles, and this is supported by the fact that the difference is exaggerated if the muscles are, at the same time, thrown into activity (Chauveau and Kaufmann).

If the animal is starved, sugar does not entirely disappear from the blood, even after all the glycogen has disappeared from the liver; if the aorta and the inferior vena cava above the liver be ligatured so that the vessels of the upper part of the body are not connected with those of the lower, sugar rapidly disappears in the blood from the former (which are not connected with the hepatic vessels), suggesting that the liver is the seat of formation of sugar.

This formation takes place in two ways—

(i.) In which glycogen is an *intermediate product.*

(ii.) Formed *directly*, probably from the proteids of the hepatic cells.

Whatever kind of sugar is taken into the alimentary canal, *dextrose* is always the form in which it is found in the blood.

Glycosuria.—Under certain conditions sugar is excreted by the kidneys, and makes its appearance in the urine in which it is normally present in in-appreciable quantity: this condition is known as *glycosuria.*

Possible causes of glycosuria.—These are different in different cases, and thus a classification can be made.

1. *Alimentary.*—Normally the power of the animal to absorb the carbohydrates as dextrose is limited. If *very* large quantities of *dextrose* be injected into the alimentary canal, *dextrose* appears in the urine; if an excessive amount of *cane sugar*, *cane sugar* appears in the urine. This never occurs normally, as to produce glycosuria in this way *extremely* large quantities have to be injected.

2. In a second class of cases glycosuria is produced by *hastening of the conversion of glycogen* into dextrose. To this class belongs that produced by the "*diabetic puncture*" (Claude Bernard). Puncture of the floor of the fourth ventricle at a spot situated near the vaso-motor centre is followed by glycosuria, which lasts from twenty-four to thirty-six hours. If the animal be previously starved or overworked so that no glycogen is present in the liver, the diabetic puncture is ineffectual; obviously, the injury to the brain acts by hastening the conversion of glycogen into sugar, the percentage of which in the blood is thus raised. This, acting as a stimulus to the excretory function of the kidney, is followed by glycosuria. Injection of strychnine also produces a similar form of glycosuria.

3. The "*Kidney*" class.—This organ seems to become over-sensitive to sugar, ·2 per cent. of which, being the amount normally present in the blood, acts as a stimulus to its activity, so that sugar is excreted in the urine and the percentage in the blood lowered. This decrease of sugar in the blood acts as a stimulus to the sugar-forming function of the liver, more is formed by that organ only to be turned out by the kidneys, glycosuria being the result.

To this class belongs "*phloridzin diabetes*" (v. Mering). (Phloridzin is a glucoside obtained from the root cortex of the apple tree.) The glycosuria following the injection of about ·5 grams of this drug into the circulation lasts from twenty-four to thirty-six hours, is more pronounced than that following the "diabetic puncture," and is *independent of the amount of glycogen in the liver:* thus its injection into a dog which has been previously starved, produces marked glycosuria. The part played by the kidneys is illustrated by the following experiment:—

Dog.	Sugar in the blood.
Starved	·09 per cent.
Inject 0·5 *gram. of phloridzin.*	
5 hours after ...	·017 „
Both kidneys excised.	
5 hours after ...	·085 „
Next day 0·5 *gram. phloridzin injected at* 9 *a.m.*	
9 a.m.	·1 „
6 p.m.	·1 „
12	·104 „

Glycogen goes first, then the liver manufactures sugar from proteid. That proteid is the source, after the disappearance of glycogen, is indicated by the increased amount of urea excreted, corresponding to the nitrogenous moiety of the proteid molecule, the sugar corresponding to non-nitrogenous moiety. Minkowski advances the following explanation: Phloridzin can be split up artificially into phloretin and dextrose. This, he supposes, takes place in the vessels of the kidney, the dextrose being excreted, the phloretin returns in the circulation, combines with more sugar, which it conveys to the kidney to be excreted. Phloretin thus acts as a carrier of dextrose, and ought to be as active as phloridzin itself; and, as a matter of fact, glycosuria follows injection of phloretin as with phloridzin.

4. Hypertrophy of sugar-forming function of the liver (Harley). This form is only known clinically, and is said to occur in sedentary free-living people.

5. *Pancreatic Diabetes.*—Post-mortem examination reveals the fact that in some cases of diabetes the pancreas undergoes structural changes at the same time. The influence of the pancreas has been experimentally investigated in animals by v. Mering and Minkowski. These observers found that *total* extirpation of the pancreas was followed by fatal diabetes; ligature of the duct was not effective; hence, the effects are not due to the absence of pancreatic juice. The fact that total extirpation is necessary shows that the effect is not due to severance or injury of the nerves. The operation may be performed in two ways.

1. Carried out at one sitting. This is attended with serious difficulties, owing to the great predisposition of diabetic animals to septic troubles.

2. A small piece of the pancreas is grafted under the skin; subsequently the rest of the gland is excised. The small piece saves the animal from diabetes, and therefore the risks arising from the same. Removal of the graft completes the excision by a slight operation.

The results are not uniform in all animals.

Diabetes results in dogs and cats.

In birds no diabetes follows.

In frogs the balance of evidence tends to show that they resemble birds in this respect, although the contrary has been stated by some observers.

Experiment (dog).

Normal.

Pancreas Excised.	*Amount of Sugar in Urine.*
First day ...	1 per cent.
Second day...	4 per cent. (more urine).
Third day ...	8—10 per cent.
Dog dies in 3 to 6 weeks.	

If the animal be fed on a *purely proteid* diet a constant ratio is observed between the amount of sugar and of nitrogen in the urine.

The mean of a large number of experiments showed that $\frac{\text{sugar}}{N} = \frac{2{\cdot}8}{1}$ (this ratio holds good only when no carbohydrate food is given).

Animal fed on dextrose.—All the sugar given re-appears in the urine.

Experimental Difficulties.—

1. *Digestive ;*—pancreatic secretion being absent, undigested starch appears in the fæces, which must be estimated and deducted from the amount given.

2. Large doses of sugar cause vomiting and diarrhœa.

3. Some sugar is lost by intestinal putrefaction.

4. Spontaneous variations :—thus the ratio $\frac{2{\cdot}8}{1}$ only holds when mean is taken from a number of experiments extending over considerable time : the result varies in individual experiments, either urea or sugar being hindered in its passage from the body.

The sugar excretion sinks before death : this is explained by some observers as the result of vicarious action of other organs ; it is probably, however, due to still further disease—the sugar-*producing* function fails. The animals generally die of some septic disorder, and Minkowski suggests that the organisms in the blood may use up the sugar.

If a small piece of the gland be left there sometimes follows a modified form of diabetes ; 3 or 4 per cent. of sugar is found in the urine for two or three days. If, however, the animal be fed on proteid no sugar appears in the urine ; on the other hand, the ingestion of much carbohydrate is followed promptly by the appearance of sugar.

Lævo Rotatory Sugars.—Animals without a pancreas still possess some power of assimilation of lævulose ; thus, 58 per cent. disappears (being utilised by the organism), 2 per cent. unchanged in urine, 40 per cent. as dextrose in urine. Similarly with *inulin.*

Cane Sugar is intermediate between dextrose and lævulose in this respect ; the greater part appears as dextrose in the urine, 30 to 40 per cent. being used up.

Lactose; dextrose largely increased in the urine, but not in exact proportion to the amount of lactose ingested. Lactose easily undergoes fermentative changes, and Minkowski considers that as with dextrose none is utilised.

What goes on in the liver ?—In the severe forms (after total extirpation) all the glycogen goes in two or three days.

If the milder form sets in after incomplete removal, subsequent examination shews that in some cases glycogen is still present in the liver, in others it is absent. The same is found to be the case clinically post-mortem. Also in life (Bunge—Physiological Chemistry).

Dogs without a pancreas fed on *dextrose ;*—post-mortem examination shews that *no* glycogen is formed : with lævulose the contrary is found to be the case, *e.g.*, after two doses of lævulose, post-mortem examination—14 per cent. glycogen in the liver. Thus it seems that the liver can utilise lævulose but not dextrose. Glycogen is dextro-rotatory : treated with acids or digestive ferments, it is converted into dextrose. After injection of lævulose the greater part is utilised by the organism, while that part which is converted into dextro-rotatory glycogen is converted into dextrose and excreted in the urine.

On comparing pancreatic diabetes, with phloridzin diabetes, it is seen that

In *phloridzin diabetes*, *some* dextrose can be ultilised.

In *pancreatic diabetes*, *no* dextrose can be utilised.

In *phloridzin diabetes*, sugar is *sub-normal* in amount in the blood.

In *pancreatic diabetes* sugar is *increased* in amount in the blood.

If the kidneys of an a-pancreatic dog be excised, the sugar in the blood increases very largely.

Explanation of facts.—

Kidneys not concerned—they may be excluded. *Increased production* or *diminished utilisation.* The fact that dextrose cannot be utilised points to disordered utilisation; moreover, no diminution in amount of sugar occurs in the upper half of body cut off from the circulation.

Normally the liver is acted upon by the blood with much sugar so as to inhibit sugar formation. The phenomena are possible of explanation as due to loss of sensibility of the liver to the amount of sugar in the blood.

How are the facts connected with the Pancreas? Theories:—

(i.) The pancreas destroys poisonous bodies.

(ii.) Absence of some normal function.

The latter seems to be the correct explanation.

Lépine observed that if defibrinated blood were kept for some time in a warm place the percentage of sugar diminished from ·5 per cent. — ·17 per cent. — ·1 per cent.

He supposes that some glycolytic ferment is formed by the pancreas which normally passes into the blood, and there destroys sugar produced by the liver. In the absence of this ferment sugar accumulates in the blood. The disappearance seems, however, to be associated with the death of the white corpuscles—is a post-mortem, not an ante-mortem change. The disappearance does not take place in sodium fluoride plasma, and what absolutely disproves the theory, the same disappearance takes place in the defibrinated blood of an a-pancreatic dog.

It has been suggested that sugar in the raw form cannot be assimilated, and that the pancreas, by building it up into some complex product, renders it assimilable. The theory further supposes that lævulose does not need further building up.

Minkowski suggests that dextrose is converted by the pancreas, or some internal secretion of the same, into lævulose, which is needed by the muscles.

However interesting and well established the facts, their explanation is still wanting, all the above purely theoretical explanations being open to serious objections. C. J. H.

REPORT OF AUTOPSY OF CASE FOR COMMENTARY (*see last* GAZETTE).

On opening abdominal cavity, 110 ounces of clear, yellow serous fluid found, and a large mass could be felt in the position of the right kidney. The kidneys, liver, spleen, suprarenals, aorta, and inferior vena cava, were removed en masse. The upper half of the inferior vena cava was distended to about twice its normal size, and appeared to be filled up with a soft pulpy material, the lower half of the vein was slightly smaller than normal, and felt hard and solid. On opening it, the upper half was found to be filled with a soft, pultaceous, yellowish-white thrombus, breaking down in the centre. Microscopical examination showed it to be cancerous. The lower half was filled with a firm ante-mortem thrombus, very adherent to the inner coat; it extended also about three-quarters of an inch into the right common iliac vein. The right renal vein was thickened and distended with ante-mortem clot, which had become cancerous. The right kidney was about twice its normal size, and was nodulated on the surface, and felt very soft in places. The capsule was thickened and adherent. On section, very little normal kidney tissue could be seen, most of the organ being filled with large masses of growth, which had coalesced and broken down, so that the central parts were very soft and diffluent. The masses of growth were of a greyish-white colour. The left kidney was of about normal size; the capsule was thickened and adherent; the surface of the organ was granular, and covered with a number of cysts; the cortex was very much diminished. The heart weighed 11 ozs. The valves were quite healthy; the right auricle contained a large ante-mortem blood clot about the size of an egg, which was continuous within the thrombus in the

inferior vena cava. The lower lobe of the right lung was infiltrated with growth, the infiltration having taken place along the course of the lymphatics, which were seen as greyish-white lines on the pleura and on the cross section of the lung. The liver and spleen were healthy excepting for one small nodule of secondary growth found in the liver. Microscopically the kidney growth proved to be a medullary carcinoma.

During life, the case was thought to be one of cirrhosis of the liver. Against this view, however, was the history of the lumbar pain and hæmaturia, and the fact that œdema of the legs preceded the ascites. The autopsy showed the œdema of the legs to be due to the thrombus of the inferior vena cava, which started at the level of the renal vein. The ascites came on later, and was due to the thrombosis extending upwards and blocking the opening of the hepatic veins. M.R.

We have received the following very successful solution of the above, and also three others which arrived too late for insertion. Of these latter two, signed respectively "Third Year" and "Tyro," decided in favour of cirrhosis, and the other, signed "W.," declared for "renal growth."

The patient first presented himself with a history of having passed a sand-like deposit in his urine. This would, in all probability, have been uric acid. The report does not say how often or for how long a period he noticed the deposit. He next complains of symptoms which, with his previous history, would lead one to suspect that he had a uric acid calculus. He has pains in his right loin, and passes blood; but the blood is solid, and he passes clots, and there is no history of this coming on after unusual exertion; one would, therefore, suspect some actual disease of the kidney. Moreover, his pain is not said to be accompanied with retraction of his testicle, and the pain is a fixed pain. Taking these points into consideration, one would say that he had something more than calculus to account for it all. Briefly, one's diagnosis would lie between Tubercle and Carcinoma. Of the former, there is no evidence either in family history or in the history of the case.

Carcinoma of the kidney is rare, and is sometimes associated with calculus; quite likely a calculus was found in the kidney. The further history of the case seems to bear out this diagnosis. His legs became œdematous, pointing to pressure on the vena cava, or obstruction of it by extension of the growth. He passes little urine—probably from the left kidney becoming obstructed from extension of growth into left renal vein, or what would come to the same thing, the extension of the growth up the vena cava. Then, his liver is found enlarged, which might be due to the obstruction of the portal circulation from same cause, or to secondary deposits in that again; hence to the ascites and the distension of the superficial veins of the abdomen.

Liss, July 3, 1893. H. E. COUNSELL.

The Commentaries on the cases set for the Treasurer's Prize Medal will appear in our next.

DIET IN CHRONIC BRIGHT.

It may be of interest to those who are going to give us the benefit of their opinions upon the best diet for chronic Bright's disease, if we reprint from the *British Medical Journal* the following slightly altered summary of a paper read by Dr. Hale White, before the Royal Medical Chirurgical Society on April 25th, 1893, in which he laid down the points mentioned in our last number:—

The writer first refers to the opinions of many authors, and points out that they are by no means unanimous as to the best diet for patients with chronic Bright's disease. He next shows that all the *a priori* reasons which have been urged in favour of milk or any other particular diet are fallacious, and that consequently the only way to attack the problem is to carefully observe the condition of the urine, and the condition of the patient upon different diets. It is very necessary not to draw deductions from too few cases. He has, therefore, taken ten cases of chronic Bright's disease in which the urine had been carefully analysed every day for many weeks, so that altogether between four and five hundred analyses of it were made. In each case notes were kept also of the general condition of the patient. The following diets were tried. Milk, 3 pints a day, containing 1,076 grains of proteid. Farinaceous, consisting of bread and milk, containing 1,137 grains of proteid. Full diet, consisting of bread, butter, milk, meat, rice pudding, and containing 1,522 grains of proteid. Sometimes the effect of adding fish, eggs, or more meat, was tried. The following results were reached:—

1. Quantity of urine. Usually more urine is secreted upon farinaceous or milk diets than upon full diet.

2. Specific gravity. The diet has no certain influence on this, but on the whole it is lower on milk and farinaceous diets than on full diet.

3. The quantity of albumen passed. The figures show that nearly always the albumen passed is more upon milk diet than upon farinaceous, and less upon full diet than upon either milk or farinaceous. Even in the rare instances in which the maximum quantity is passed upon full diet the excess of proteid in the full diet more than compensates for any extra loss of albumen, so that patients always best avoid loss of albumen by a full diet. There was no evidence from the state of the bowels that less absorption took place on one diet than the other.

4. The quantity of urea passed. The influence of diet upon this is most uncertain; often less urea is passed upon full diet than upon farinaceous, and less upon farinaceous than upon milk. Sometimes the reverse is true.

5. General condition of the patient. The cases distinctly show that full diet is not more liable to lead to uræmia than any other; in fact, in one patient full diet appeared to ward off uræmia, and the patient ultimately recovered. The patients always felt and seemed much better and stronger on full diet, or on farinaceous diet with meat or eggs added, than on milk or farinaceous only. On full diet the circulation and breathing im-

prove, and the œdema disappears. Many patients loathe milk diet and greatly dislike farinaceous; on the other hand, they relish full diet.

The author therefore advises full diet, for it does not lead to uræmia, nor is it harmful in any way, but it saves albumen, the patients like it and improve on it in all respects, while they greatly dislike other diets. If the diuretic effect of milk is desired plenty of water can be drunk.

A CASE OF FÆCAL IMPACTION FROM EATING CINNAMON BARK.

Alec. M., æt. 11, admitted December 15th, 1891, under Dr. Goodhart, for constipation. Patient's bowels were opened last on Thursday, December 10th, without any difficulty. On Friday evening, December 11th, he tried to pass a motion, but was unable to do so. During the attempt he suffered great pain in the rectum. He made several attempts on Saturday, December 12th, Monday, 14th, and Tuesday, 15th, without success, each attempt giving rise to considerable pain. He was, in consequence, admitted into Philip on Tuesday afternoon, December 15th. On making further enquiries, it was found that on Wednesday, December 9th, patient was walking near the docks, when a cart, loaded with cinnamon bark, was upset. He filled his pockets with the bark and ate a considerable quantity of it.

On admission, he was suffering from great pain in the lower part of the abdomen and rectum. Pulse 90; temperature 98·4; tongue furred; breath foul; respiratory, circulatory, and urinary systems normal. In the surgery his rectum was examined by the clinical for the week, who discovered it to be distended and filled with a hard mass, which he described as a large enterolith.

On the evening of the 15th patient was given Ol. Ricini ℥ with no result.

On the morning of December 16th, enema saponis was ordered; it was found, however, that the nozzle of the Higginson could not be introduced into the rectum more than half an inch. In the evening chloroform was administered, and the rectum was examined and found to be distended and filled with a hard, solid mortar-like mass, which, when removed, filled a porringer of almost two pints capacity, and it was found to consist almost entirely of small chips of cinnamon bark, which had become fixed into this solid mass. The clearing out of the rectum caused considerable hæmorrhage from the rectal mucous membrane. The patient passed a good night. On the 18th he passed a normal motion, and on December 21st he was discharged quite well. M. R.

ACKNOWLEDGMENTS.

The "Hospital," the "St. Thomas's Hospital Gazette," the "Bulletin."

What to do in Cases of Poisoning. By Dr. Murrell. Lewis.

Chemistry of the Blood. By Dr. L. C. Wooldridge. Edited by Horsley and Starling. Kegan.

THE PROLONGATION OF LIFE IN FATAL DISEASE.

The object of the writer is to call forth some of the experiences and opinions of our readers, upon the broad questions of humanity, involved in the prolongation of life in fatal disease. It is to be most earnestly desired that our correspondents will avoid both the Scylla of cheap sensation, and the Charybdis of callous quasi-science, and that the fruit of their discussion may be the reduction, even by an infinitesimal amount, of the sum of human misery.

Some of the considerations involved may be best expressed as questions:—

"Are we always true to our sense of duty when we put off the fatal moment, in a case which is rapidly dying with distressing symptoms?"

"Shall we regard the prayer of our patient to be allowed to sleep his last long sleep, when we know that our own utmost hope is to give him a few more cardiac cycles, or restore him again to the consciousness of his fate?"

"On the other hand, dare we at any time consider it our duty to sit apart with folded hands, until the torch in the hand of Thanatos is held inverted?"

Surely these are questions that we may consider earnestly:—it cannot always be good or useful to fly to that doubtful refuge in extremis, the hypodermic syringe with its battery of "emergency" drugs.

We begin and end life in a mist of scientific twilight, and an observant physician has said, "It is a difficult thing for a patient to be allowed to die quietly nowadays." Is this true of both hospital and private practice?

We would learn especially from those of us in closer, more intimate, contact with the lives of their patients, than ward-work will allow us to be.

Let their judgment not be given on the grounds of the mere expediency of prolonging life for business or family reasons.

We must ever regard a fading life committed to our charge as a trust to be guarded, if possible, until its last duties in relation to the lives around it shall have been discharged, and the last sad farewells shall have been spoken. But, after that, is it our duty to chain an impatient spirit to its crumbling dwelling, when Nature bids it be free?

We wish for opinions from the tribunal of social humanity, conscious of the difficulty of looking upon life as otherwise than a sacred thing to be preserved at any cost, even till the last fibre of the last strand shall have given way.

One example of the cases in which we have the power to prolong life, or rather the duration of the process of death, may be given from the writer's experience.

It was a case of mitral and aortic disease occurring in a young man in one of the wards. There was complete failure of compensation under every treatment that the

physician could suggest. He had recurrent attacks of collapse, and had been rallied for the fourth or fifth time. He was presenting the whole painful clinical picture of an extreme case of "back telling" of the circulation, and he spoke thus with great difficulty: "For God's—sake, sir,—let me be—next time!"

Are not such cases, in some degree, parallel to the cases where the obstetrician gives a parent the option of a certainly dead child or a possibly living mother and a living child?

Must we always regard death as an enemy?

Can we not look upon death and sleep as the beautiful youths idealised by the Greek sculptors and think, with Shelley, of—

"Death, and his brother Sleep,—
One, pale as yonder waning moon,
With lips of lurid blue;
The other, rosy as the morn,
When, throned in ocean's wave,
It blushes o'er the world:
Yet both so passing wonderful!"

THE WOOLDRIDGE MEMORIAL.

The friends and admirers of the late Dr. Wooldridge, and that, of course, includes every Guy's man past and present, who visits the Royal Academy this year should not fail to notice number 1707, A Memorial Tablet to Leonard Charles Wooldridge, M.D., by E. Roscoe Mullens. The tablet hangs in the Lecture Room, on the left hand side entering from the General Hall. It is a large bronze, in a walnut frame, with a circular mount; and when fixed in Guy's Museum vestibule—if it is to be placed there—will be a worthy companion of those memorials of Guyite medical greatness already reposing there.

The memorial, at present at Burlington House, consists of a fancy-shaped shield, with scrolled edges, and bearing the following inscription:—

In
Memory of
LEONARD CHARLES
WOOLDRIDGE,
M.D., D.Sc. Lond.
Joint Lecturer on Physiology in the School of Medicine,
And (for only 18 months) Assistant Physician
to the Hospital, who will long be remembered
for the brilliance of his achievements and for the
still more brilliant prospects obliterated
by his early death.
This tablet is erected by
his friends and fellow Students.
Born Decr., 1857.
Died May, 1889.

On the right hand side of the shield kneels a female figure, with bowed head, and her right arm is thrown over the top of the shield, and in her hand she holds a bunch of reeds. What may be the exact interpretation of the allegory we leave to wiser heads. The woman mourns, as Science mourns the irreparable loss of one of her most promising sons, as Guy's men mourn the loss of a faithful friend and worker. Undoubtedly the artist has produced a memorial that not unworthily will help us to retain the memory of a man who, although dead, can never die, for—

"In our hearts his heart still lives,
Moving, guiding, working aye."

C.

APPOINTMENTS.

BURTON-BROWN, Surgeon-Captain, F.H., M.B., Bengal Establishment, has been appointed to officiate as Professor in the Lahore Medical College.

ELLISTON, GEORGE SAMPSON, M.R.C.S. Eng., L.S.A., has been appointed Medical Officer for Seamen for the Port of Ipswich.

HARRIS, JOHN W., L.R.C.P. Lond., L.S.A., has been appointed Medical Officer for the Cranbrook and Frittenden Districts and the Workhouse of the Cranbrook Union.

HIND, ALBERT, L.R.C.S., L.M., has been re-appointed Medical Officer for the South Molton Urban Sanitary District.

MORSE, L. H., F.R.C.S. Eng., L.R.C.P. Edin., has been appointed Honorary Medical Officer of the Cromer Cottage Hospital.

MUNDEN, CHARLES, M.R.C.S. Eng., L.S.A., has been appointed Medical Officer for the Third (C) District of the Langport Union.

At an ordinary meeting of the Council of the Royal College of Surgeons of England, held on the 8th ult., the following gentlemen were elected Examiners for the ensuing collegiate year:—

MEMBERSHIP.

FIRST EXAMINATION.

Elementary Anatomy.—Louis Albert Dunn, M.B., M.S. Lond., M.R.C.S. Eng.

SECOND EXAMINATION.

Anatomy.—Richard Clement Lucas, M.B., B.S. Lond., F.R.C.S. Eng.

THIRD EXAMINATION.

Midwifery.—Peter Horrocks, M.D., F.R.C.P. Lond., M.R.C.S. Eng.

FELLOWSHIP.

FIRST EXAMINATION.

Anatomy.—Walter H. A. Jacobson, M.B., M.Ch. Oxon., F.R.C.S. Eng.

Physiology.—Cuthbert H. Golding-Bird, M.B. Lond., F.R.C.S. Eng.

DIPLOMA OF PUBLIC HEALTH.

Part I.—Mr. George Turner, M.B., D.P.H. Cantab., L.R.C.P. Lond., M.R.C.S. Eng.

Passim.

To the list already published of distinguished personages who have accepted the invitation for July 17th, we are now able to add the names of Samuel Hoare, Esq., M.P., Abel Smith, Esq., M.P., Rev. W. Haig Brown, LL.D. (Head Master of the Charterhouse School), The Master of the Society of Apothecaries, Henry C. Burdett, Esq., Henry Hucks-Gibbs, Esq., Sir John Tomes, Lieut.-Col. Curtis Hayward, Dr. Clifford Allbutt, Rev. Richard Lee, M.A. (Head Master, Christ's Hospital), A. L. Cohen, Esq., John Hutton, Esq. (Chairman of the London County Council), Sir Trevor Lawrence, Bart., Sir George Young, The Master of the Vintners' Company.

We have omitted hitherto to refer to the Wooldridge Memorial Tablet, which is to be seen in the present Royal Academy Exhibition. A large proportion of our readers will doubtless, by this time, have seen it for themselves, but others will be glad to read the description which appears in another column to-day.

But another form of memorial, and one which Dr. Wooldridge would probably have valued above all others, is now before us. We allude to the volume of his collected papers which has just gone through the press, under the able guidance of Professor Victor Horsley and Dr. Starling.

We hope that in our next issue the book may be suitably reviewed; but, meanwhile, we hasten to be among the first to welcome its appearance, and to express our sense of indebtedness to the editors for making Wooldridge's work, as a whole, available for each and all of us. The personal friends, fellow students, and pupils of the author, who, together, form so large a proportion of our readers, will certainly join with us in this; and, we doubt not, will make haste to study anew, not only the work, but Wooldridge himself.

For this, above all, strikes us on first perusal of the book—that the material, especially as arranged by the editors, presents a most complete study of the development of a scientific mind, as well as a scientific theory. Meantime we would urge that the great lesson of the whole is just this: that Physiology must be the mistress, not the handmaid, of the other sciences. It is not for the physiologist simply to supply material whereon the chemist may work with the old methods. The chemist must be trained anew, for the work must be done on a higher plane. We get, as it were, a vision of a new order of things as we rise from the perusal of "The Chemistry of the Blood," by Leonard Charles Wooldridge.

A viva at the College was originally fixed for to-day; but, owing to the forethought and influence of Mr. Lucas, the Authorities were persuaded to alter the date, so that candidates might not be debarred from attending the Inter-Hospital Sports meeting.

We hope to see a crowd of Guy's men at Stamford Bridge. Our Cricket reporter veils sadness in humour when describing the five men and a dog who represented Guy's at the Thomas's match last Monday. There must be a very different state of things at the Sports to-day.

On the 28th of last month not only did three Christenings take place at Guy's, but at the same time a Godson became a Godfather.

At a meeting of the United Hospitals Lawn Tennis Club, held July 5th, it was suggested by St. Thomas's representatives that the Cup this year should be decided by American Doubles only, instead of Doubles and Singles, as in former years. This motion was carried by one vote, much to the disadvantage of Guy's, whose great strength lay in their Single playing. The desirability of the change seems to us altogether very questionable.

THE COLLEGE OF SURGEONS' MUSEUM.

The annual exhibition of specimens added to this Museum during the last twelve months was opened on Thursday, July 6th, and will remain open till Thursday of next week. The additions include anatomical and pathological preparations, as well as numerous biological specimens, drawings, models, &c. A short account of some of these may be of interest to readers of the GAZETTE. The anatomical collection at the College is not, perhaps, as well known as it might be, except through the figures of Gray. Our magnificent wax-works at Guy's spoil us for even the finest dissections. Still, it is worth anyone's while who is up for the First Fellowship to spend a few afternoons in studying some of the special dissections. Of course it must always be remembered that they are *not* used for the examinations —a fact which goes far to dim their brightness in the eyes of many.

This year the following have been added to the section of human anatomy:—The muscles of the soft palate neatly displayed from the pharyngeal surface; the under surface of the tongue showing the muscles, particularly the chondro-glossus, some of whose fibres can be easily traced into the inferior lingualis—it also indicates how slight is the connection of the genio-glossus with the hyoid bone; the supplementary bands of longitudinal fibres of the œsophagus arising from the left pleura, as well as special fibrous bands connecting the œsophagus with the lower parts of the trachea; the various sinuses of the pericardium distended with plaster, and the reflection of the sac upon the walls of the great vessels—a very instructive preparation; the bifurcation of the trachea and the chief subdivisions of the bronchi; and, lastly, some careful dissections of the female pelvic viscera, showing the relations of parts at the bottom of the pouch of Douglas. It is said that one of these will be reproduced in the new Gray.

In the biological series there are some marvellous illustrations of symbiosis and commensalism, which must be seen to be appreciated—at least I cannot attempt a description. But the peculiar mode of nutrition of the embryo of a certain kind of Ray may be alluded to, because it is both interesting and intelligible to the ordinary spectator. In this species the uterus seems to serve the purpose of a mammary gland in addition to its ordinary function, for it develops curious food-secreting villi from its interior which enter the spiracles of the embryo, and thus for a time supply the nourishment. There is also the train of a peahen which it would take a practised eye to distinguish from that of a peacock. The bird died at the age of 33 years, and for some years previously it had been gradually assuming male characters. It is stated that old hens (common or barn-door hens) with diseased ovaries occasionally show this peculiarity; and the assumption of male secondary sexual characters is not unknown among females of the human species. Another specimen is a leaf with the web of a spider on its upper surface. The spider lies on its back fixed to the web by spines on its legs. The resemblance of the spider and the web to bird's excrement is so great that the frivolous butterfly settles on it and is entrapped. Various modifications of the respiratory organs in fishes are here shown, and invite study.

In the pathological collection there are a few specimens of more than ordinary interest. The femur from a case of hydatid disease of bone may be mentioned as one. It is a mere shell, with numerous perforations in it, and the clinical history relates how the hydatid fluid and cysts poured from the cut end of the bone, when the limb was amputated, as if from a water-spout. Through the perforations the hydatids had made their way into the soft tissues of the thigh, and had further extended into the cancellous tissue of the heads of the tibia and fibula. An adenoma of the soft palate is a rare growth. It generally occurs on the left side, and in this instance it was accidentally discovered as a "lump" at the angle of the jaw. In minute structure they very closely resemble the mixed parotid tumour. A sarcoma of a child's bladder is shown, and has a remarkable history. An exploratory suprapubic cystotomy was performed, but the growth was too far advanced for removal. The wound was closed, but the same night the stitches gave way, and a large piece of the tumour prolapsed through the wound. It was ligatured and excised, considerable relief being thus afforded. However, more growth appeared at the wound, and soon a large sloughy tumour formed upon the abdominal wall, springing from the interior of the bladder. One obstetric specimen is instructive; it is a greatly distended fœtal bladder, which caused dystocia. When the doctor arrived upon the scene the head had been born half-an-hour. With firm and steady traction he delivered the shoulders, and after an interval of still firmer and steadier traction, the remainder of the corpse (for the fœtus was long since dead) was delivered. A rush of fluid from the vagina followed it. Examination showed a rent in the abdominal wall, and a corresponding tear in the bladder. The unsatisfactory part, from a pathological point of view, was my failure to show any reason why the urine should have been retained. As regards the drawings, it will be enough to say that some very unusual skin diseases are there represented, and there is a beautiful series of photographs of the eruption of small-pox in various stages of development.

J. H. TARGETT.

PRIZES.

FOR FOURTH YEAR'S STUDENTS.

J. A. Howard	1st Prize,	£25.
G. S. Hovenden	2nd „	£10.

FOR THIRD YEAR'S STUDENTS.

E. C. Taylor	1st Prize,	£25.
A. Salter	2nd „	£10.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

THE PRIZE REGULATIONS.

DEAR SIR,—I should like, through the medium of the GAZETTE, respectfully to call the attention of the Authorities to, what appears to me to be, a somewhat striking anomaly in the regulations respecting the prizes.

A student who enters as a First Year Student at Guy's in October, may sit for all the prizes in their due course. One who enters in May, however, is debarred from all the "Year's" prizes, as he is out of his year. And yet if a man has spent his first two years elsewhere, he is allowed to sit:—

a. For the Entrance Scholarship.

b. For the Third Year's Prize during his first year at Guy's; and for the Fourth Year's Prize during his second year.

c. For the Third Year's Prize during his third year; and for the Fourth Year's Prize during his fourth year at Guy's.

d. Is there anything in the Regulations to prevent him sitting for the Third Year's Prize in his first year, and if unsuccessful *again* in his third year?

If he choose to sit for the Third Year's Prize in his third year at the Hospital, he with two years' experience in the wards is competing against other men with only one. In other words, two men may be competing for the same prize, one of whom has completed four years' professional study, the other two.

Then as regards the Treasurer's Gold Medal, does "Fourth or Fifth Years" mean four or five years' professional study at *our* School, or at our *and* other School or Schools?

One more point I should like to mention, though it is hardly an anomaly. If we divide the whole time at the School into junior and senior, we find that there is annually in the senior years a "Blue Ribbon" for Medicine and Surgery individually; but in the junior years there is for Anatomy an annual, but for Physiology only a triennial "Blue." Would it not be possible to convert the Sands Cox into an annual prize, or do the terms of the bequest prevent it?—Yours truly,

LONDON.

DEAR MR. EDITOR,—I was amused to read in last GAZETTE the way in which your subject matter is criticised. I have myself often smiled on hearing diametrically opposed opinions uttered in a few minutes. For instance, I heard a reader grumbling at the absence of the smoking-room whiffs from your last issue, who had only the previous week been declaring them as unfit for publication; indeed, he went so far as to observe, when he noted the omission, that there was nothing worth reading in the paper. I have heard some accuse your amusing (if not otherwise gifted) contributors of plagiarism, whilst others have marvelled at their fertile originality. Great disappointment has been expressed, pretty generally, that one is unable to "spot" the characters; on the other hand, one frequenter of the smoking-room indignantly complained that he was—under one guise or another—continually held up to ridicule. Granting the complaint of this gentleman to be true, I may quote for his benefit and for the benefit of his traducer, the words of a great Frenchman, "People from the provinces and fools are always ready to take offence, and to suppose that you are laughing at them; we should never risk a pleasantry except with well-bred people, and people with brains." The first part of the aphorism may be useful to answer those so easily offended, whilst, Mr. Editor, instil the latter part into your learned whiff-writers. Personally, I think the new column of "whiffs" an excellent introduction, and trust you will find contributors to keep it going regularly.—Yours truly,

A READER.

NOTICE.

We are asked by the Students' Club Committee to call attention to the following Notice which is posted in the Club Rooms:—

The attention of the Committee has been called to the fact, that certain papers and journals supplied to the Smoking Room, for the use and benefit of the members of the Club at large, are constantly mutilated even early after their being laid on the table; such proceeding is most reprehensible and disgraceful, and the Committee give notice, that if any repetition of such proceeding should be brought before them, or evidence afforded as to the offender, such offender will be summarily suspended, and on confirmatory evidence expelled from the Club, in accordance with Rule 15.

Signed, ARTHUR E. DURHAM, *President.*
ALFRED D. FRIPP, } *Secs.*
R. H. FAGGE, }

July 5th, 1893.

THE HOSPITAL "BLUE."

The following further applications have been made for the Hospital "Blue":—

FOR RUGBY FOOTBALL.

Bligh, W. G.	Pratt, G. M.
Mitchell, W. G.	Sheen, A. W.
Nicholson, T.	Thomas, J. D.

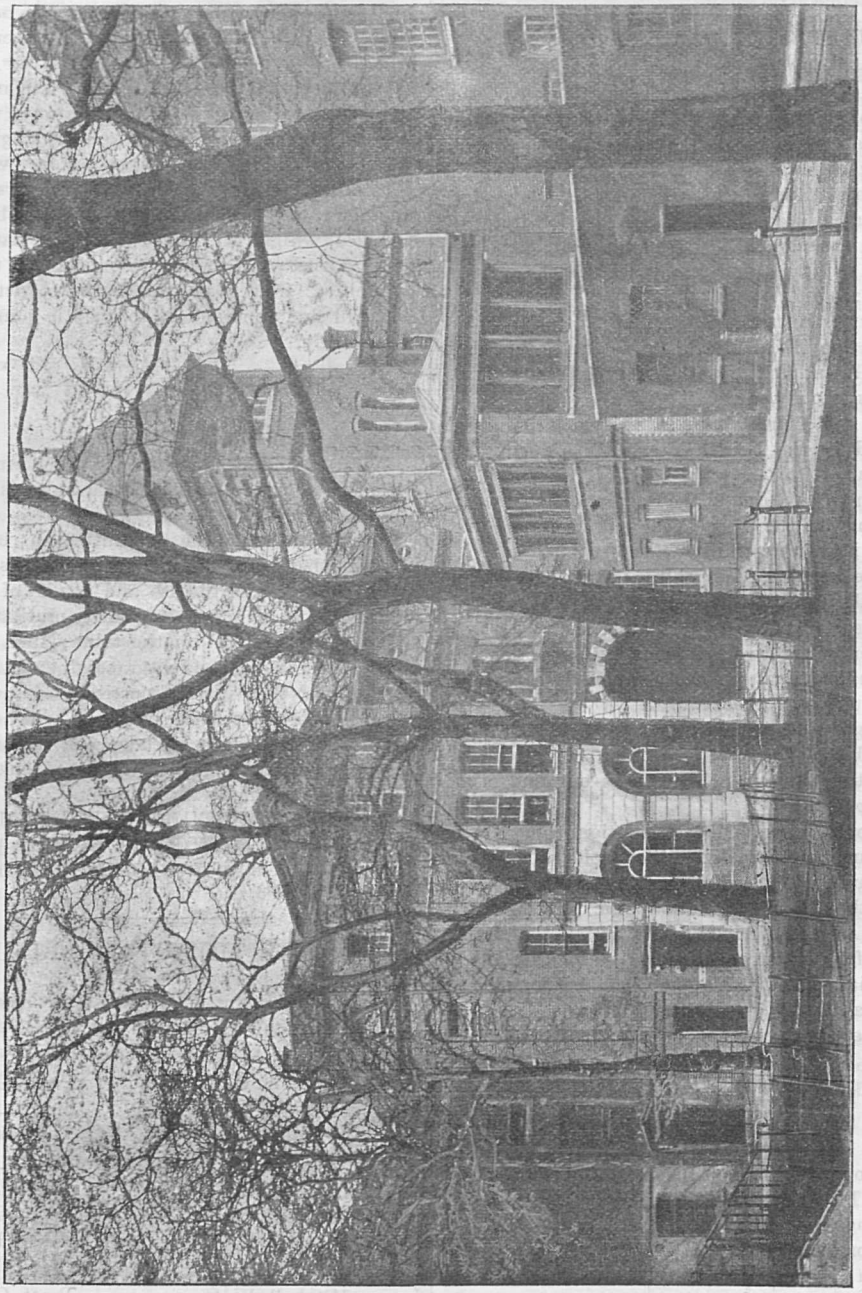
FOR ASSOCIATION FOOTBALL.

Cartwright, E. H.	Mitchell, G. W.
Mitchell, W. G.	Pendred, V.
Mitchell, E. J. D.	Sharp, H. E.

FOR CRICKET.

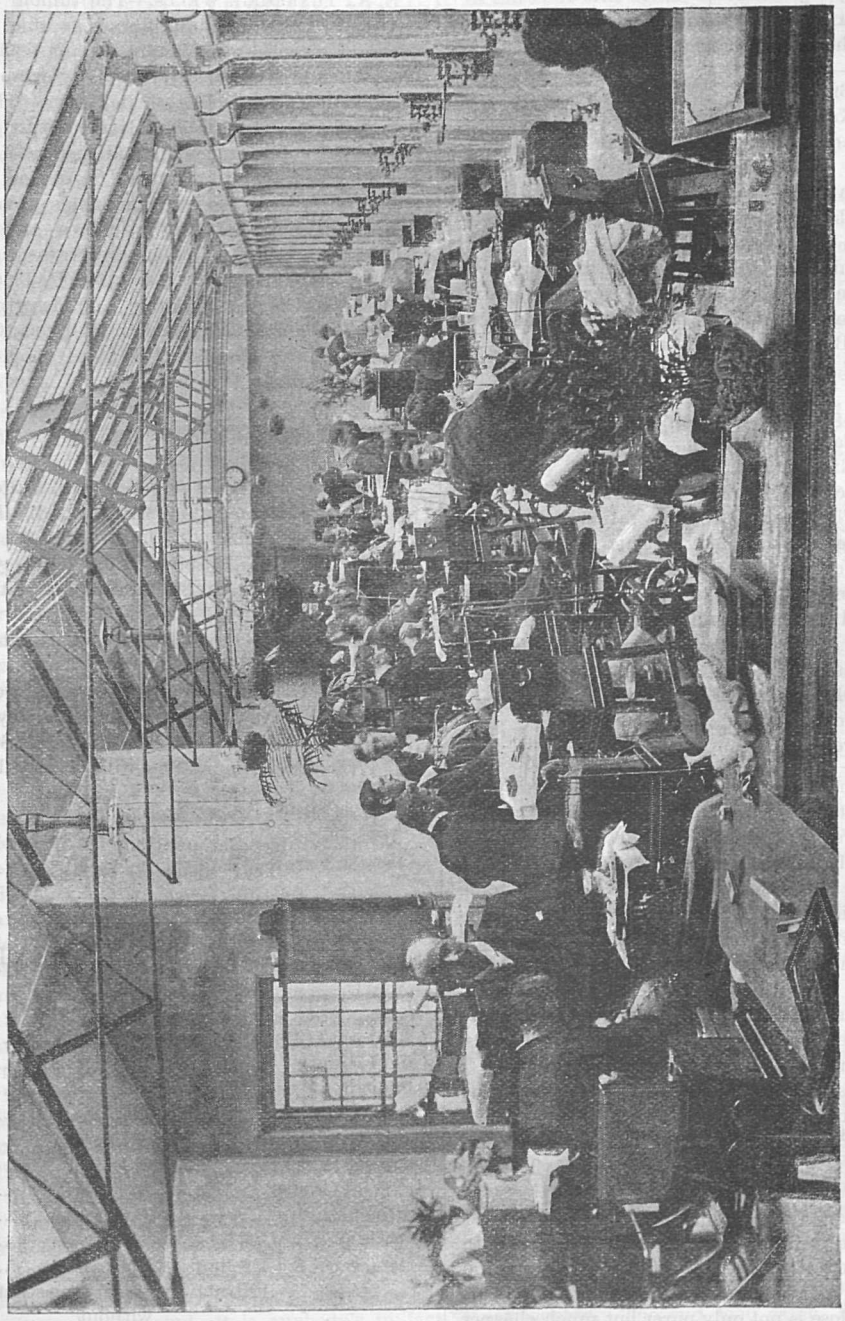
Mitchell, W. G.	Pratt, G. M.
Mitchell, E. J. D.	Jorath, E. T. B.

H. HEWETSON,
Hon. Sec.



THE DENTAL SCHOOL BUILDINGS.

From a Photograph by P. HACQUOIL.



From a Photograph by P. HACQUOIL.

THE CONSERVATION ROOM.

NOTES FROM THE DISPENSARY.

Extracts from Klinisches Receptaschenbuch, von Dr. Fr. van Ackeren, continued:—

BROMINE INHALATION.—This is a remedy employed in croup and diphtheria. The following is the formula of the inhalation:—

℞ Bromi
Kali Bromati aa ... 0·2
Aq. Distil. ... 100·0
M. D. S. Zu Inhalationen.

A piece of cartridge paper is moistened with this solution, and held before the mouth and nose for 3—5 minutes; this is done every 1—2 hours.

AGARICIN.—This powerful drug is said to be specially useful in profuse sweating. It has, however, a laxative action, and Dover's powder has been recommended as a corrective. At Berlin catechu is used. The following is the formula of a pill given to check the night sweats of phthisis:—

℞ Agaricin ... ... 0·2
Catechu ... ... 6·0
Ext. Gentian, q. s. at ft. pil. Nr. 60.
D. S. Abends 2—3 pillen zu nehmen.

CETACEUM.—The internal administration of this drug is almost obsolete in this country. It had the reputation of being an excellent remedy for the treatment of irritation and inflammation of the alimentary canal (as diarrhœa and dysentery) and of the bronchial membrane (catarrh). The following formula is recommended for use in scrofula and pulmonary phthisis:—

℞ Ol. Jecoris Aselli ... 200·0
Cetacei ... ... 50·0 M.
Leui calore liquefactum f. gelatine.

ANALGEN.—A new synthetical compound recommended for the treatment of neuralgia, migraine, gout, rheumatic pains and sciatica. Its chemical name is Ortho-æthoxy-ana-mouobenzoylamide-quinoline. It is a derivative of quinoline, and is synthetically prepared "by introducing a substituted acid radicle, amido-group and an æthoxy-group in paraposition into the aromatic quinoline-group." In chemical constitution, analgen is the analogue of phenacetin and antifebrin, and its therapeutic action is similar to that of antipyrin. Analgen is a white crystalline powder insoluble in water, soluble in acids, readily soluble in hot and sparingly in cold alcohol. I believe its use has been attended with satisfactory results in migraine at Guy's.

LÆVULOSE.—This article is given by Dr. Hale White to diabetics. It is now made from molasses. The uncrystallisable sugar is first inverted and then heated with lime, whereby a crystalline calcium compound of lævulose is formed and is separated out. This is decomposed with carbonic acid, the pure lævulose remains in solution and can be obtained in a colourless and solid form. This new kind of lævulose is not only purer but much cheaper than the liquid lævulose which, up to the present, has been in use.

H. COLLIER.

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

E. A., TUNBRIDGE WELLS.—The tumour is an adeno-sarcoma. It has a definite fibrous capsule, and is composed of alveoli embedded in stroma. The alveoli are lined by cubical epithelium, regularly arranged in parts in a double, in parts in a single, layer. The amount of stroma varies. In the most typical part the distance between alveoli averages three diameters of an alveolus. The fibrous tissue is arranged in circles (on sections) round the alveoli, and thicker bands group these into compartments. Between the fibres are round cells, spindle cells, and in parts small extravasations of blood.

PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. HUNT, GAZETTE, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

CALENDAR OF COMING EVENTS.

July 8th.—"A" Team *v.* Forest Hill, at Forest Hill.
,, 10th.—Intermediate M.B. Lond. Examination begins.
,, 13th.—United Hospitals' Cup, at Bisley, 5 p.m.
,, 15th.—Vol. Med. Staff Corps Inspection, Chelsea Barracks, 5 p.m.
,, 15th.—2nd XI. *v.* King's College, at Wormwood Scrubbs.
,, 17th.—Distribution of Prizes and Opening of the New School Building, by Sir John Lubbock, Bart., M.P., F.R.S.
,, 17th.—Preliminary Scientific Lond. Examination begins.
,, 18th.—"A" *v.* Plaistow, at Plaistow.
,, 19th.—Prize Competition for First and Second Year's Students begins.
,, 22nd.—Lectures cease.

GUY'S HOSPITAL DENTAL DEPARTMENT.

PRACTICE DURING JUNE, 1893.

Gold Fillings	388
Amalgam ,, ...	236
Osteo ,, ...	118
Perm. G.P. ,, ...	15
Temp. G.P. ,, ...	127
Artificial Crowns	20
Scalings	23
Dressings	137
Attendances for Mechanical Appliances	18
,, Extractions under Anæsthetics ...	473
,, ,, without ,, ...	521
Advice	92
Total	2168

Sport.

UNITED HOSPITALS ATHLETIC CLUB.

To-day (Saturday) our athletic "choices" will be called upon to "hold the Shield resistless, dauntlessly, tenaciously, firmly, and sagaciously," at Stamford Bridge, and it is to be hoped that a large number of Guy's men will turn out in force to give our men every encouragement. The Athletic Committee have forwarded the following list of those representing the Hospital at the United Hospitals Athletic Club Meeting.

100 Yards—H. T. S. Bell, E. A. Longhurst
220 Yards—H. T. S. Bell, E. A. Longhurst
Quarter-Mile—F. S. Batchelor, H. W. Dudgeon
Half-Mile—F. S. Batchelor, R. Balderston
One Mile—H. A. Munro, A E. Maturin
Three Miles—H. A. Munro, C. E. Edwards
Hurdles—P. R. Lowe
High Jump—H. T. S. Bell, P. R. Lowe
Long Jump—H. T. S. Bell, E. Evans
Putting the Shot—E. N. Scott, R. F. Rowlands
Throwing the Hammer—E. N. Scott.

With regard to the sprints, there seems little question that Bell will repeat his last year's performance by winning both the 100 and 220 yards, though King's possess a smart, and to all accounts clever sprinter in Clark. Longhurst, however, must look after him, and also Burrow of St. Bartholomew's, who ran second in 1892. It is to be regretted that Munro is not quite at his best, but still there seems no one to beat him in the Three Miles, though I fancy the Bartholomew's man will run him fairly close in the mile. Edwards has only just returned, but should be fit for a place in the Three Miles, though there is every excuse for him, as I believe he has been unable to do much training owing to short notice. After Lowe's excellent performance against Shaw at the L. A. C. Summer Meeting, we may feel safe for the Hurdles, and certainly hope for a United Hospitals' record, which is at present (16⅘ secs.) held by B. C. Green of Bartholomew's. Kent competes for the latter hospital in this event, and is good for second place. The Long Jump should be won by Mackintosh of Bartholomew's, who on Saturday at the A. A. Championships obtained a qualifying medal. Square of Middlesex also qualified on Saturday, but he is now out of his year, else a keen struggle would have resulted. Bell, however, may run the Bartholomew's man close. In the High Jump the struggle will be again between Guy's and Bartholomew's. Bell's best this season (at our own Sports) was 5ft 5½in., while S. F. Smith, though altogether outplaced last year at the Bartholomew's Sports, jumped 5ft. 5in. Lowe jumped in 1892 5ft. 1½in., and was third to Bell, while he has now improved to 5ft. 4¼in. In the Quarter-Mile also a keen race may be expected—it is anybody's in fact. Clark (King's), James and Richards (Bartholomew's), and Batchelor (Guy's), are all credited with good performances. Mary's are unfortunate, as their representative, the present holder of the Cup, J. W. Summerbury, who, it will be remembered, won a game race last year in 52⅖ secs., has, I regret to say, met with an accident. In the Half-Mile again, though the balance is slightly in favour of James (St. Bartholomew's), his confrère Hay, McCullagh (Charing Cross), and Batchelor, are not to be forgotten.

With regard to "Putting the Shot" and "Throwing the Hammer," C. Rolfe (London), M. Breton (St. George's), J. S. Mackintosh (St. Bartholomew's), and Scott (Guy's), in the former, "put" for first place. Though Rolfe holds the United Hospitals' record (34ft. 10in.), and Breton is present holder, Scott's vast improvement gives him more than a look in, and as he is very fit will, I hope, win. In the "hammer" event, Mackintosh, who has put over 96ft. (in the Bartholomew's Sports), is practically safe for first place, with Scott a good second.

The struggle for supremacy will rest this afternoon between Bartholomew's and ourselves. Without doubt we are, I think, safe for five events—the 100 yards, 220 yards, Hurdles, High Jump, and Three Miles. Bartholomew's should pull off the Half-Mile, Long Jump, Throwing the Hammer, and the Quarter-Mile. We are probable winners of Putting the Shot and Mile, the latter Bartholomew's may possibly win, so, though we have certainly the best outlook on paper, our second strings must look to it to make our success the more assured.

"RUGGER."

CRICKET.

GUY'S v. RICKMANSWORTH.

This annual fixture came off on June 14th at Rickmansworth in splendid weather, and on a bad wicket. Francis won the toss: he and Simpson commenced batting for the Hospital to the bowling of West and Ward. Simpson, after making 2 off the first over, was caught at the wicket. Shorland coming in first wicket down caused no trouble, being sent back without scoring. Biggs came in, and things assumed quite a different aspect, he started by hitting Ward for 2, 3 and 5 in succession; the last hit was right out of the ground and was worth 6 at least. When the score had reached 33 Francis was caught. Ham followed, and hit Ward for 3 and 1, Biggs the same bowler for 3, sending up 40. Ham, 2 more runs on, was caught at the wicket. Biggs succumbed next over; he played good cricket for his 22, and deserved every run he got. Layman and Fitzhugh became partners, and both commenced scoring fast, carrying the score to 65 in a very short time; at this total Layman was clean bowled. Budge came next, but was sent back without scoring. L. Lewis came to join Fitzhugh; this pair added 30 before a dissolution of partnership. The end soon came, Spriggs and Turner could only add 4 to the total, Guy's being all out for 100. Lewis should be more keen; he is a good bat, and with practice would be worth his place in the team.

Of both the Rickmansworth innings and the Hospital's second very little description is required, for all three resolved themselves into a mere procession to and from the Pavilion. Ham and Layman, who bowled unchanged throughout the first venture, proved simply unplayable, disposing of their opponents for 46. The Hospital in their second venture failed to reach even 40.

Rickmansworth, with 90 to win, commenced badly. One wicket fell for 1, two for 2, three for 5, four and five for 9; it looked at one time very doubtful if they would get 20, Dr. Webber and Atkins being the only two who could do anything with the bowling. This pair made 12 each, all the others failed to reach double figures, the innings closing for 45, the Hospital winning an uninteresting game by 44.

Dr. Garrett, as usual, entertained the "Team" at lunch, and champagne, etc., afterwards. The great affection and kindly feeling of this "Old Guyite" is unbounded; he not only came back from his holidays, but managed to do the practice so that his partner could handle the willow against his "Old Hospital." Dr. Hazell was very much in evidence during the afternoon, looking every inch a J.P.

GUY'S.

	1ST INNINGS.		2ND INNINGS.
Francis, C. J., c Lance, b West	14	b West	3
Simpson, H., c Streeter, b West	2	c & c Ward	4
Shorland, E. T., b Ward	0	b Ward	3
Layman, S. G., b West	11	not out	2
Biggs, J. J. E., c Atkins, b West	22	run out	0
Ham, B. B., c Streeter, b Ward	4	b West	0
Fitzhugh, R. T., c Barlow, b West	22	b West	0
Budge, E. J., c Hayes, b Griffen	0	c Atkins, b West	1
Lewis, L., not out	15	b West	3
Turner, A. S., b Ward	3	c West, b Griffen	5
Spriggs, E. J., c West, b Ward	0	b Ward	4
Extras	7	Extras	10
Total	100	Total	35

RICKMANSWORTH.

	1ST INNINGS.		2ND INNINGS.
Ward, M., b Ham	3	c Fitzhugh, b Ham	4
Lance, A. J., b Ham	1	c Fitzhugh, b Layman	0
Pearse, C., b Ham	10	b Layman	5
West, W., c Budge, b Ham	4	b Ham	0
Barlow, F., c Francis, b Layman	4	c Lewis, b Ham	0
Atkins, J., c Shorland, b Ham	8	b Ham	12
Webber, Dr. W. H., run out	0	c Simpson, b Ham	12
Hapes, A. J., b Layman	1	c Simpson, b Ham	3
Coleman, b Ham	5	c & b Ham	7
Griffen, b Ham	1	b Shorland	1
Streeter, J. R., not out	0	not out	0
Extras	10	Extras	1
Total	46	Total	45

GUYS' v. BRENTWOOD.

In the match played at Brentwood, June 16th, Francis, with his usual good luck, won the toss and naturally decided to bat first. He and Stamford opened the Hospital innings opposed to the bowling of Cutts and Courage. Stamford got Cutts away for a single, but next over he was clean bowled by Courage. Shorland came in in his usual place and commenced hitting beautifully, but unfortunately at 28 lost his partner, who was out lbw to Cutts. Harris and Shorland were now together, and soon began to make the field busy; several changes of bowling were tried, and not till the score had reached 76 was Shorland bowled. He was thoroughly exhausted through want of condition. The Brentwood ground is a difficult place to score boundaries. Hancock came in and opened his account with 3, 6, and 4, off Cutts: when 96 had been reached the luncheon bell rang. On resuming, the bowling was entrusted to Cutts and Courage, both batsmen scoring off the bowlers at a great pace; the score stood at 139 before a dissolution was effected. Hancock was bowled for a well-played 33. Fitzhugh, next man in, got very little chance of scoring, Harris monopolising the bowling. This partnership added 63, the score being 176, when Harris unfortunately played Cutts on. His innings of 71 was well worth going to see, not giving a single chance and batting in pretty style. Fagge followed, and after scoring 2 was troubled with a good ball by Cutts. Joyce came in and added 16 before he was got rid of. Bryant played well for 14. Hewetson and Barker carried the score from 202 to 232; at this total Francis declared, the score standing 232 for nine wickets.

Brentwood commenced their innings with Escott and Pearse to the batting of Joyce and Harris, who bowled unchanged throughout. The batsmen conspicuously failed to do anything with the bowling; no less than seven wickets were down for 58, the innings closing for 84. This total should never have been reached, but Harris had no less than seven catches missed off him. Thanks to the bowling of Joyce, who captured six wickets for 36 runs, and the batting of Harris, the Hospital won with the handsome majority of 148.

GUY'S.

Francis, C. J., lbw, b Cutts	9
Stamford, R. B., b Courage	1
Shorland, E. T., b Shepherd	46
Harris, b Cutts	71
Hancock, W. J., b Heatley	33
Fitzhugh, R. T., b Heatley	5
Fagge, R. H., b Cutts	2
Joyce, J. H., b Cutts	16
Bryant, C. H., b Courage	14
Hewetson, H., not out	11
Barker, A., not out	6
Extras	18
Total, for 9 wkts	232

BRENTWOOD.

Escott, C. H., c Fitzhugh, b Harris	2
Pearce, W., b Harris	8
Cutts, b Joyce	0
Heatley, A. E., not out	30
Lewis, C. E., b Joyce	1
Shepherd, R. E., b Joyce	0
Courage, R., b Joyce	9
Read, J. J., b Joyce	11
Pawlett, Dr. T., c Hancock, b Joyce	9
Quennell, H., run out	1
Bond, C., b Harris	4
Extras	9
Total	84

GUY'S v. FOREST HILL.

Played at Honor Oak June 21st, in lovely weather and on a splendid wicket. Francis lost the toss. Forest Hill elected to bat. They sent in Pierse and Hooker at 12 o'clock to face the bowling of Joyce from the Brockley end, and Hancock from the Tennis Courts end. Never was slower cricket witnessed. After two hours' play the score had only reached 99 for 4 wickets. Pratt made top score for his side (58). He was badly missed when he had made 18. The innings closed for 199, made in the most uninteresting manner.

Guy's commenced their innings at 4.30, with Francis and Nicholls. This pair, as well as Perks and Shorland, were dismissed when the total stood at 56. Hancock and Joyce coming together put quite another colour on, both scoring very rapidly. The latter was badly missed when he had made 3. At 146 Joyce was bowled, his contribution being 40. Fitzhugh came in, and he and Hancock were not separated till they had got the requisite number of runs. Ham and Alexander, at the call of time, were both batting well and carried out their bats for 39 and 18 respectively, Guy's winning by 91 runs and 3 wickets to fall. The Hospital scored 290 in 2½ hours, whilst their opponents took 3¼ hours scoring 199.

FOREST HILL.

Pierse, W. L., b Hancock	0
Hooker, H. A., c Fitzhugh, b Hancock	34
Tokely, R., c Joyce, b Hancock	1
Tickner, F., b Joyce	8
Pratt, L., c Nicholls, b Hancock	58
Skipper, F., c Fitzhugh, b Joyce	0
Tokely, G., b Joyce	14
Reckitt, G., c Fitzhugh, b Nicholls	13
Trotter, J., not out	29
Gould, F., b Joyce	14
Wiggington, J. R., b Joyce	4
Extras	24
Total	199

GUY'S.

Francis, C. J., l b w Tickner	27
Nicholls, F. J., b R. Tokely	7
Shorland, E. T., l b w Hooker	4
Perks, A., b R. Tokely	7
Hancock, W. J., c Skipper, b Pratt	85
Joyce, J. H., b R. Tokely	40
Fitzhugh, R. T., b R. Tokely	47
Ham, B. B., not out	39
Alexander, K. B., not out	18
Fagge, C. H., did not bat.	
Loud, F. " "	
Extras	16
Total for 7 wickets	290

GUY'S (HOLDERS) v. ST. THOMAS'S.

SEMI-FINAL TIE.

Cricket at all times is an uncertain game. On a wicket such as this match was played no one could foretell the result. From the first ball to the last the wicket played just the same. *It kicked.* The game was not started until three-quarters of an hour after the advertised time, owing to the late arrival of most of our team. Even then there was no scorer, and no enthusiastic spectators. Francis won the toss, and sent in Joyce and Hancock, to the bowling of Yearsley and Thompson. Hancock fell a victim to the latter after playing a faultless innings of 5. His hits included——Ah, but why go on? Shorland joined Joyce, and runs came at a moderate pace. Several changes were tried, but the score was taken to 75 before Silent Jemmy was caught at short slip for a most useful 36. His partner did not long survive him, as 14 runs later he was out in a similar manner. 89-3-39. Francis did not play his usual free game, but scored very slowly. Nicholls appeared out of it, and soon was, in all actuality, being also caught at short slip. Trouncer was the next arrival, and played free and splendid cricket, till Lowe at the wicket caught him off his trouncers—I beg pardon, pads. Richmond House Show was over, so on the arrival of Stamford there was not the flourish of trumpets one almost expected. After scoring 14, he turned his back with disgust on a long hop from Browning, which rolled on to his wicket. Fitzhugh, evidently impressed with gloomy forebodings, advanced to the wicket. These forebodings were but too soon realised, as he left to a splendid catch at deep square by Moggridge off a fine hit. Francis was then caught at slip, the little man having been in nearly two hours for 27. The innings soon closed for 177, Simson being not out 14.

After lunch Thomas's started their innings. In the course of the afternoon a rush of five Guy's supporters and a dog appeared on the ground. However, owing to the admirable arrangements, ample room was at length found for them in the pavilion. The excitement, together with the heat of the sun, compelled them to

seek shelter under the shade of the spreading Tulip Tree at frequent intervals. For Thomas's, Maurice played a splendid innings of 38, and was well backed up by Adair, Thompson, and Harding. One can gather what intense excitement prevailed when they had four wickets to fall, and only thirty to get, and the batsmen well set and runs coming freely. The general feeling was expressed by a deep voice from a Guy's supporter in the pavilion, with much feeling and many epithets, "I wish they would get some of these chaps out." Three wickets then quickly fell, Loud, Fitzhugh, and Shorland bringing off "splendid catches"—the latter, whose trumpeter is lately dead, wishes this to be inserted in inverted commas. With nine wickets down twenty runs were still wanted. At this period Cocoanut Matting, quivering like an aspen, had to retire, owing to the great excitement and 5.20 train. Ten of the runs required were knocked off, when Parsons skied a ball between the wickets, but the Dismal one—in spite of colliding with the wicket-keeper—caught it, amid vociferous cheers from the faithful four, the deep voice before alluded to being prominent, causing, we grieve to hear, great discomfort at the White Lodge to Princess May.

The match was splendidly contested throughout, the plucky batting of our opponents nearly enabling them to pull it off. It was with a deep yell of relief that we saw their last man go.

GUY'S.

W. I. Hancock, b Thompson	5
J. H. Joyce, c Maurice, b Yearsley	36
E. T. Shorland, c Hodges, b Ashford	39
C. J. Francis, c Maurice, b Yearsley	27
F. J. Nicholls, c Maurice, b Yearsley	2
C, A. Trouncer, c Lowe, b Ashford	26
R. B. Stamford, b Browning	14
R. T. Fitzhugh, c Moggridge, b Yearsley	1
H. Simson, not out	14
B. B. Ham, b Yearsley	0
F. Loud, b Ashford	1
Extras	12
Total	177

ST. THOMAS'S.

W. Hodges, c Hancock, b Joyce	4
A. E. Elliott, b Hancock	16
H. T. C. Harding, b Nicholls	28
S. H. Maurice, b Hancock	35
H. Lowe, b Hancock	3
F. C. A. Thompson, c Loud, b Joyce	38
J. H. Yearsley, c Shorland, b Joyce	3
W. Ashford, st Loud, b Joyce	0
A. C. Parsons, c & b Joyce	6
C. J. B. Moggridge, c Fitzhugh, b Hancock	12
T. R. Browning, not out	4
Extras	19
Total	167

GUY'S HOSPITAL RIFLE ASSOCIATION.

GUY'S v. CHARING CROSS.

This match was shot at Ilford on Tuesday, June 20th, and resulted in a win for Guy's by 63 points. A gusty wind was possibly the cause of the utter coming to grief of various members.

GUY'S.

	200	500	600	Ag'gte.
J. B. Winter	28	29	24	81
C. C. Jenkins	30	26	7	63
W. H. Telling	21	26	17	64
H. Fulham-Turner	25	24	10	59
				267

CHARING CROSS.

A. E. Street	25	18	8	51
H. Walker	26	27	20	73
L. Lloyd	14	2	0	16
R. C. Clark	27	25	12	64
				204

GUY'S v. WHITGIFT.

The return match with Whitgift was shot on their range at Marden Park on Thursday, June 29th. Each team was slightly differently constituted, and the score of each was considerably larger than at the preceding match, notably that of Whitgift, resulting in Guy's being defeated by 41 points. The weather was a distinct improvement on the previous match, but the varying light at 500 yards was very trying.

GUY'S.

	200	500	Ag'gte.
J. B. Winter	27	29	56
A. Scott-Turner	23	13	36
C. B. Sells	21	21	42
A. J. Collis	15	15	30
W. H. Telling	29	25	54
C. C. Jenkins	22	23	45
H. Fulham-Turner	23	17	40
R. H. Luce	21	23	44
			347

WHITGIFT.

Brodie (i.)	27	26	53
Hampton	26	27	53
Goodbody	22	20	42
Bickerdike	26	28	54
Brodie (ii.)	25	28	53
Reed	25	25	50
Malden	23	18	41
Densham	23	19	42
			388

Marriage.

CARROL-OTWAY—SINCLAIR.—On June 17th, at St. Mary's Church, Wimbledon, Alfred Carrol-Otway, M.R.C.S., L.R.C.P., second son of the late Charles W. Carrol-Otway, L.R.C.P., to Annie Sinclair, of New York, Lincolnshire.

Guy's Hospital Gazette,

JULY 22, 1893.

CLINICAL LECTURE ON THE CONDITIONS DEMANDING COLOTOMY IN THE COURSE OF CANCER OF THE RECTUM.

By Mr. Symonds.

(Concluded.)

The next point is the manner in which the bowel is to be dealt with when, as in this case, it is distended. You know that now we like to suture the bowel before opening, and if possible to leave it four days, or at any rate for twelve hours. In this case, it was necessary to open at once, and it was not possible to insert the sutures before opening, on account of the peristalsis. I remember, in a case some time ago, after inserting six sutures during the interval of peristalsis, and just as I was about to begin the suturing of the other side of the gut, there came a violent contraction, tearing through the bowel at every stitch, and leaving as many gaping wounds. Handling of the bowel increases the peristalsis; the passing of sutures increases it still more. When you have drawn the bowel out during an interval, you will find that the peristaltic action withdraws it, and you must let it go. So the only way to manage, is to draw, as I did in this case, a large loop outside, pack well with wet lint, open, relieve the main distension, temporarily close the wound in the bowel, carefully cleanse the gut, return the surplus, and making the incision in the bowel, the centre of the exposed surface, suture to the skin. You will note, that I say nothing about the preliminary suture of the peritoneum to the skin. I have, like others, given up this as unnecessary and as a cause of delay. Nor did I put in a mesenteric suture. It is not always well to cut off the lower passage, for every now and then patients recover the power of normal action. Another plan employed for relieving the distended condition, is to tie in a tube, fix the bowel, and retain the tube till the bowel is united to the skin.

I said that I proposed to discuss with you to-day the conditions in the course of cancer of the rectum demanding colotomy, and so far I have mentioned but one—viz., obstruction. A second, is extension of the growth into the vagina in women, or the bladder in men. Not long ago I operated for this condition, in a woman, with the best results. A third, is for the relief of excessive pain on defecation. Some two years ago a girl of twenty-six was under my care in Martha, who was completely relieved from this trouble. And an elderly patient who had great pain not only was relieved, but actually made flesh.

A *fourth* condition demanding colotomy is that where there is an involuntary escape of fæces blood and slime, keeping the patient in constant discomfort. There is a man now in Job, upon whom I operated in the beginning of this week for this condition. The bowel was empty, so that though the operation was performed on Monday, we do not intend to open the bowel till to-morrow. These four conditions are those I would say in which we are justified in operating. Some of you may think that this includes all cases, and that I am posing as a rabid colotomist: I assure you, gentlemen, nothing is farther from my intentions, for I look upon colotomy as a measure only to be resorted to in extreme conditions. I am opposed to early colotomy—most strongly opposed. Every now and then you will find a patient to whom the colotomy wound is little trouble, but in many cases you will find that the whole of the remainder of his life is spent in looking after the opening, that he cannot go far from his own door, or into society, on account of the involuntary escape of flatus and fæces. I recall a

patient who for a year and a half was fairly comfortable, who was able to go about amongst her friends, and to evening entertainments. But this is a good case. Do not think, when you see a nice result, and a clean and neat artificial anus, that now the patient is all right. In reality his troubles may be only beginning.

Many patients never require operation at all. Some patients never know they have rectal disease till you tell them—I mean they have no symptoms. I well remember a case once being admitted into the Hospital when I was medical clinical clerk, for malignant deposit in the liver. On the rectum being examined, the primary growth was found, though the man made no complaint of disease in this position. It is a golden rule in the investigation of obscure cases of abdominal disease to examine this part of the body. I recall a post-mortem where a cylindrical epithelioma was found (in the brain), the primary centre being a small growth in the rectum, devoid of symptoms.

I said just now that in many cases of well-marked disease an operation is best avoided. A great friend of my own, not long ago, went through two years of rectal cancer, dying of hepatic deposits. He had no pain, nor was there obstruction. In a case I saw some years ago in consultation, there was a stricture from the annular deposit of epithelioma, the patient lived altogether about four years without interference, and without much distress. I saw with Dr. Goodhart, in Philip, not long ago, a man who had a most extensive growth, which, like some of these cases, instead of narrowing the bowel had led to excavation and enlargement of the calibre. There were practically no local symptoms and no distress, only the wasting from the cachexia of the disease. Colotomy, in this instance, appeared to me quite unnecessary, especially as the man made no complaint. However, at another hospital a different opinion was held; the man was colotomised, and died in three days. He had a good three months or more of comfortable living before him.

Take another case, which I saw not long ago. The man was employed at a bank, and was known to have had malignant growth in the bowel more than six months before I saw him. He was comfortable, had little or no pain, and no incontinence. He continued at his post till close upon his death. You see, then, that there are a good many cases where the patient is better left alone. We can never expect to supply the place of the natural sphincter, so that when colotomy has been performed the patient, as a rule, is compelled to give up his employment. I always advise people to go on as long as they can with their work. It makes them much happier, and shortens the period, which must come sooner or later, of the last stage of this distressing malady—the stage when further work is impossible, and he simply awaits, with what forbearance and patience he possesses, his final dismissal from this life.

Let me mention one other case. It is that of a man in good circumstances, who complained only of constipation. He was in good health, and would, I feel sure, have gone on well for some months under the treatment I shall presently mention to you. Others thought differently, and he was colotomised, with about as much relief to his pain as he would have got from diet. I mean the man was obliged to resort to morphia immediately after the operation. There are some who advocate colotomy in these cases on the ground that it prolongs life. It may do so by removing irritation, and so checking growth, but, gentlemen, I would urge most strongly that life so prolonged is dearly purchased, for it is liable to be a life of misery, not from the disease, but from the existence of the artificial opening. So long as the patient can be kept fairly comfortable with-

out colotomy, I would hold we are doing the best for him.

I must, in the few minutes that remain, indicate the line of treatment for these cases apart from that of colotomy. In the first place, it is necessary to regulate the bowels, and to keep them from being over distended. For this, the first point is to regulate the diet. In the early stages the patient will require little more than a gentle laxative taken regularly—I mean daily. I find the best to be a pill containing aloin. gr. $\frac{1}{4}$, ext. nux. vom. gr. $\frac{1}{2}$, ext. bellad. gr. $\frac{1}{4}$, taken night and morning after meals. The tabloid of Burroughs & Wellcome, called "Aloin Comp." is the most elegant mode of administration. In some patients, who are easily moved, a tablespoonful of salad oil, with an equal quantity of cream, taken at night will suffice. In others, the mist. olei ricini is a good remedy. When symptoms of flatulence arise, with loss of appetite, and more or less distension of the bowel, the diet must be regulated. Nothing suits these cases better than the digested foods, of which I like best that made by Allen & Hanbury, their "Malted Food." It is less sweet than most, and has a flavour which seems to suit the male palate. Meat in small quantities, milk as a chief article but made up into custards and light puddings. You will find that patients suffer from flatulence very often if they drink much uncooked milk. Of soups, nothing is so nourishing or so palatable as that made with lentils, and by using the German and the Egyptian we get a variety. You will find an easily digested diet give the greatest relief. I have said nothing so far as to the relief of pain, for in a good many cases there is no pain at all. One, I mentioned to you just now, never required a sedative during the two years of his disease. The patient now in Job has no pain to speak of, nor had the patient whom I mentioned as having been colotomised after I had advised otherwise, and who died in three days. However, as I have mentioned in the earlier part of this lecture, some have a great deal of pain, and for its relief colotomy is the only treatment, but in others, the judicious use of sedatives will meet all requirements. Gentlemen, I say the judicious use of sedatives with more than ordinary emphasis. We are too apt to think that the only treatment for cancer is morphia, whereas much can be done by other sedatives.

In the first place, sedatives may, in some cases, as I have mentioned, be withheld for a long time. Let us use the simplest first, viz., belladonna, then opium, or the two combined. Later, and as late as possible, morphia. I am, myself, opposed to the hypodermic method of giving morphia when it has to be used continuously—I mean as a routine plan. I much prefer the administration by the mouth. When you have seen one or two people where the morphia has been given for the relief of pain at first become so dependent upon it that the demand becomes a mental one, you will see a disease produced by the remedy which is most distressing. In the Wards, I never order the hypodermic needle when it is necessary to give a sedative for several nights in succession. I have seen children and young people become so attached to its use that it is pitiable to see them. Understand me, please, that I do not mean to say that this will happen in every case. It is most likely to occur in women. Remember, you can break the resistance of any man by the use of this seductive drug. I have seen an instance of this lately, where the strongest measures were required to break the charm. You only have to hear the affectionate way in which the patient speaks of the drug to be impressed with the mental aspect of his pain. It was to me a splendid lesson lately to see the way in which a patient suffering a good deal of pain from malignant disease of the gullet resisted our advice as to the hypodermic needle. It was admirable in the man. He preserved his vigour of mind undisturbed, and when the drug became essential, he required very little. In the disease before us, let me once more say, keep the sedatives back, use the less potent ones first, and in this as in all such maladies where a prolonged use of sedatives will be necessary, let me advise the administration of morphia by the mouth. I dislike to see the noblest part of man undone by the free use of sedatives, and you will find the greatest difference in the mental effect between the use of the drug by the mouth and the skin.

PRIZE DAY, 1893.

Last year a correspondent wrote to us to suggest that it would greatly contribute to the brilliancy and effect of such occasions as Prize Day at Guy's, if the Staff, and such as are graduates among the students, were to adorn themselves with the academic garb to which they are entitled. There was, perhaps, something in our correspondent's suggestion, even if the origin of his happy thought was but the consciousness of a gown and highly coloured hood spoiling in the recesses of his own wardrobe. Two things, however, are against him: first, the average graduate does not possess a gown, and second, if he had one, he would refuse to wear it at the hospital. It is the conviction, or the pose, of the modern graduate that academic costume is all humbug. However this may be, there was no need of such aid to life and colour at the gathering on Monday last. The weather and the visitors secured all that for us.

It is difficult to describe such an occasion without drifting into conventional phrase. Striving, however, to avoid any statements about "the brilliant costumes which contrasted with the sombre garb of the sterner sex"; denying ourselves any cheap reference to the "striking contrast between the life of the wards and that of the happy throng which invaded them"; and, especially, determined not to refer to the Hospital as "our beloved Alma Mater,"—we would simply say that Guy's never looked better, in the wards or out of them, than it did on the occasion of Sir John Lubbock's visit. The "memory of the oldest inhabitant" will not gainsay us here.

Certainly not a corner of our domain was left unexplored, and all things seemed to give pleasure. Even our somewhat ephemeral lawns came in for commendation. One young lady, who had doubtless seen many sun-baked tennis courts this season, said of the seed-grass in the park "it is rather thin, but *deliciously* green." ("*Like you*" she added sweetly to the frock-coated Guyite by her side. She was not original, but she was very young).

The band of the Royal Engineers, under the direction of Herr J. Sommer, gave the greatest satisfaction. It was most happy in its selection of music, but it would have been happier in its feelings could it have sat down in the intervals. Poor chairless musicians!

Covent Garden had been ransacked of its treasures to decorate the wards, and we have now no fear of being accused of the conventional phrase when we say that the taste displayed in arranging the flowers was exquisite. Clinical was, of course, charming, but other wards were on this occasion no whit behind. We, ourselves, went first into Cornelius, where lilies and red gladiolus were used with admirable effect. On a table by the door we were struck with the cornflowers, which, combined with blossoms of orange tint, admirably reproduced the Guy's colours. This charming idea was also to be found elsewhere. Poppy-land would be a suitable title to apply to the wards generally, for poppies—Shirley, Iceland, and other varieties—gave the key-note to the various designs. In Dorcas, the device of placing quantities of blossoms of one tint upon tables covered with cloths of the same fundamental colour as the flowers, had an excellent effect. Among the Surgical wards, Luke, Job, and Charity, might be specially commended. The Medical wards, from their size, require a greater quantity of material for their adornment, but they were much admired by all who visited them. We must not forget the Chapel, which attracted so many, both during the organ recital and at other times. With the new Altar screen, and with the evidence of Sister Miriam's care, it was greatly admired. We have no space, though every desire, to particularise further, but the success of all the efforts made—is it not written on the minds and memories of three thousand visitors?

Prize Day, 1893, will be memorable, not only for the opening of our new buildings (dental and incidental, as the President had it), but for the success of its every detail. We heartily congratulate all concerned in its organisation.

THE LUNCHEON.

A distinguished company sat down to luncheon in the Governors' Court Room, comprising most of those whose names we have previously announced as having accepted the invitation sent out by the President, Treasurer and Medical Staff. The President, Mr. Hucks-Gibbs, was in the chair, Sir John Lubbock being on his right, and the Treasurer on his left. At the close of the repast, Lady Lubbock, the Matron, and other ladies were accommodated with seats to listen to the interesting speeches which followed.

THE CHAIRMAN said:—I shall endeavour to be short, and I hope I shall not be obscure. Everything that tends to the advancement of science, especially that branch of science which tends to the curing of men's ailments, must be interesting. I am glad, therefore, to be enabled to be present to-day, and also that we have had the good fortune to induce Sir John Lubbock to perform the important part of opening the new buildings. I was told that he had the gout and probably might not be able to come; but he is with us, and I think there is no place to which he could more appropriately come under the circumstances than to Guy's Hospital. Sir John Lubbock has done so much for science during his lifetime, and done so much to make science popular and delightful to the lay mind. Certainly we shall not find that dentistry was helpful to the primitive conditions of man; we shall not find that it is now well known to uncivilized races; still less shall we find that it is one of the "pleasures of life"; but, I am quite sure, my good friend here will be able to extract very much that is interesting to us, and, I am sure, there will be no man present who will be desirous of stopping him.

SIR JOHN LUBBOCK.—You have conferred a great privilege on me in inviting me to open your new Laboratories. There are many, I am very conscious, more worthy of the honour, more capable of doing justice to the occasion than I am. There is, however, of course

one special ground for the selection you have made, and that is the fact of my representing the University of London in Parliament. It might be stated with accuracy that Guy's forms no integral part of the University; but the ties between the Hospital and the University, though not legal or technical, are not the less close and intimate. We have common objects, common duties, and common interests; and, close as the connection is, I may perhaps be allowed to express the hope that in the future it may be closer still and more complete. Even at present I have the honour of representing a large and increasing number of Guy's men. It is natural, also, that in your Dental School I should feel a special interest, having had the privilege, on behalf of the profession, of carrying the Dental Bill through the House of Commons. Guy's is one of the great institutions of which London is justly proud, and it happily combines with the venerability of age the growth and vigour of youth. Your numbers, I see, alike of patients and of students, continue to increase, and last year were larger than ever, a fact all the more satisfactory when we remember that a fifth year has just been added to the course of study. The new laboratories are not only fitted up with all modern requirements, but will afford the necessary space for some years to come. You have—the first of our great hospitals—established a complete Dental School, and I may say with confidence, both of the laboratories and of the school, not as my own opinion, which would be worth very little, but as that of one of our great authorities, that they are "worthy of Guy's," and he justly added, "I cannot say more." The marvellous progress of discovery has been the glory of the last half-century, and medicine has certainly not been behind her sister sciences. We may also, I think, fairly claim that Britain has contributed a fair and full share of the discoveries which have been made. When we remember the great names of Hunter and Jenner, Simpson and Lister, and when, here at Guy's, I look round and see Dr. Wilks, Dr. Pavy, Dr. Pye-Smith and Mr. Durham, but, indeed, I might mention the whole staff, I feel not only that this country has borne its part in what has been done, but that in the progress of medical science Guy's stands second to no institution in the world. Sir George Humphrey only last year pointed out that when we began life, anæsthetics and antiseptics had not been dreamt of: there were no excisions of joints, no abdominal operations. They were, comparatively, barbarous times, without temperature thermometers, without stethoscopes, aspirators, iodide of potassium, salicylic acid, or even cod liver oil. The treatment of wounds was something horrible. During that period the knowledge of the localisation of the brain function has become more extended, more precise, and has resulted in those great achievements of brain surgery which have already proved so successful. Yet I am sure you will agree with me when I say that science is still in its infancy. What we have as yet discovered is but an infinitesimal fraction of the revelations which still await us. The known bears no appreciable proportion to the unknown. A great statesman—now, unfortunately, lost to us—the Chancellor of our University, Lord Derby, once when speaking of the great discoveries of the past fifty years, said that we could not hope for such great or such brilliant progress in the next half century. I should rather hope that the reverse is the case, that great and brilliant as has been the progress of the present century, that of the next will be grander still, and I base my belief on three grounds—first, because while knowledge is finite, science is infinite, as the light of discovery pierces the gloom of ignorance and the circle of light expands around us, the field of exploration widens more and more; secondly, because the application of new processes and inventions—the photograph, the microtome, the spectroscope, and many more—add skill to the hand, increase the power of the eye, and almost endow us with new senses; while the numbers of scientific workers is much greater, though, indeed, we may still say that the harvest is plenteous but the labourers are few. There seems, indeed, to be many who think that we have reached the limits of human knowledge, and that the study of medicine is a mere matter of book learning and practical application. I need hardly say that I do not wish to undervalue what can be learnt from books. Such knowledge is most valuable, but there is much which no book can teach us. The Greeks tried to settle many questions by verbal arguments which can in reality be determined by observation only. There is an essay in Plutarch's works on the question, "Which was first, the bird or the egg?" and one reason given for deciding that the hen preceded the egg is that everybody calls it "a hen's egg," and no one speaks of "an egg's hen." We are not, ourselves, by any means free from the same error, but it is an error. Without taking too sanguine a view, I think we may reasonably and confidently hope that in these laboratories which we have opened to-day, new steps will be taken in the triumphal progress of science, which will confer fresh lustre, not only on this great and ancient institution, but on the country to which we belong, and which will contribute to the advance and welfare of mankind.

THE CHAIRMAN.—On visiting the new buildings just now we were shown what seemed to be a ghastly sight—a room filled with 50 dentistry chairs, but I am told that same room is called the room of consolation. Then we were shown some beautiful instruments, on which I at first felt I could not express an opinion, but on reflection I thought the President of Guy's, "ex-officio," ought to know all about it, therefore I pronounced them good. I was also introduced to certain bacteria, and considered them out of place until it occurred to me there was some connection between what was dental and what was incidental. I shall, however, ask certain of our distinguished visitors who went round with me, and who are better qualified than myself to judge of these things, to give you their impression of what they saw.

PROFESSOR ODLING.—Among the number of distinguished visitors assembled around this table I cannot but recognise that I am selected to make acknowledg-

ment of this proposal on the ground of my association, a great many years ago, with one of those branches of study here, the inauguration of the improved material means for teaching which, has been the occasion of our coming together to-day. I confess for myself that, although the interest which unfortunately all of us must feel in dentistry is very great, my own special interest is with that other department which is devoted to practical chemistry. Happily my interest hitherto in dentistry has been very moderate in degree. I presume it is an interest that will grow from year to year, while practical chemistry I remember in respect of the past. I may venture to remind you that, prior to 1851, practical chemistry was not included in the subjects for instruction in the medical schools attached to the great London Hospitals. At that time the goal of the great majority of students was to get through the College and the Hall. The College did not make any recognition of chemistry. The Hall did not examine in practical chemistry; it did not require of its licentiates that they should have undergone a course of instruction in practical chemistry, but it did require that they should bring up a certificate of having done so, a sort of homage that vice pays to virtue. One might say that the bringing up of the certificate was the predominating consideration; the passing through the instruction was a minor consideration, if a consideration at all. In those days the students of Guy's Hospital had to get their instruction in practical chemistry elsewhere. I and some of my fellow-students got it in the college at Oxford Street, under Hofmann; but in 1850-51, the Society of Apothecaries determined they would not accept the certificate except in association with the thing certified, and the result was that practical chemistry was instituted as a subject of study here and at the other medical schools. I had the honour of being appointed the first teacher of that subject, and the dissecting room (and a very excellent one it was, especially having regard to the general condition of dissecting rooms at that time) was in the opinion of some of the staff desecrated by being turned into a chemical laboratory. The laboratory was opened three days a week, and placed under the supervision of certain of the staff. On his own day, the Senior Lecturer in Chemistry, Mr. Aitken, was scrupulously regular in his attendance. I do not think he came so much to supervise me as to indulge in the entirely novel delight of seeing sixty to eighty students at work with the test-tube and blow-pipe. My other two supervisors paid me the compliment of not making an appearance on any single occasion. However, at the termination of the Summer Session, my pupils, who were also my fellow-students, made me a very warm and kindly recognition of their satisfaction and goodwill, and, although I have since received more costly presents, none ever gave me more pleasure. As a result, I was formally appointed to the teaching of Practical Chemistry in this school, and the prospectus for the first time included practical chemistry as one of the subjects taught. For a period of fourteen years I filled this office, when fate and prospects of advancement lured me elsewhere. Then, also, I received a kindly and more substantial recognition of the goodwill in which I was held. Among my fellows of the first year of my term was Dr. Burton-Brown, still held up as the greatest of all London University prize winners, and who afterwards had a magnificent career in the Medical College at Lahore. In my second year I had the now Senior-Surgeon of the Hospital, Mr. Durham, and in the third and fourth year I had Dr. Pye-Smith. Well, one cannot help on an occasion like this, looking back and making a comparison of the beautifully-furnished laboratory which now exists with the rough appliances in use at that time, and recognising that the position chemistry now holds as one of the subjects of medical education, compared with the position it held then, is somewhat comparable with the laboratories of to-day with those which existed then. At that time there had been no Dr. Wooldridge to excite interest in the chemistry of the blood. Chemistry was not popular: neglected not only by the idle few, but by the industrious many, who neglected hardly anything else. It was not recognised that the basis of progress in scientific medicine is physiology, and as to physiology, one half of it is based upon chemistry. Speaking as an old student, I cannot but congratulate this school upon the acquirement of facilities which will contribute so much to the progress of that practical art in which they are all so much concerned. I have only, on behalf of the visitors, to say that as we are all interested in dentistry, so are we all interested in the progress of that art of medicine on which, at some time or other, all our lives are dependent, and we can only wish that the material additions to the buildings will result in an advancement of medical science and art that will be of service to whole generations.

SIR EDWIN SAUNDERS.—I am instructed to return thanks for the visitors on behalf of my old friend and colleague, Sir John Tomes, and for the visitors and myself I beg you to accept our sincere thanks for having invited us on this occasion to assist in the very interesting function which has taken place. What we have witnessed to-day marks a new era in the history of the management of our large hospitals. A new department has been received and incorporated into the medical body. I think it is equally a matter of congratulation to find the old institution under whose hospitable roof we are assembled, showing that those who control its affairs are determined to keep abreast of the times, and to omit nothing that will contribute to the relief of suffering and the promotion of health, and also as regards this, the youngest branch; for we all remember that while many of the large hospitals had departments for the treatment of the eye and ear, there was none which had satisfactory school arrangements for the relief of those suffering from dental troubles. In fact, the care of the teeth would seem to be the last thing demanded by a high civilization. We can all recall the time when the disgracefully neglected condition of these organs was conspicuous among persons who otherwise made con-

siderable pretensions to refinement. Lord Playfair, a few years since, in an address on human progress, asked a question, which has often been asked, and must be variously answered: What is the best (because unvarying) test of high civilization? and he said in answer, that he considered the people that made most use of soap had the highest claims to be considered civilized. Well, I would say in addition, *those who use the tooth-brush*, and I congratulate the gentlemen now entering the profession upon the improved conditions in this respect, under which their operations will be performed. I can remember the time, now so long ago, when I came down to Guy's Hospital as the only place where I could learn anything connected with the department to which I was to devote myself, and I was then introduced to that charming gentleman, Professor Bell. I am almost tempted to state another thing which occurred to me as I came down to-day: that my original wish was to become an engineer, but this was too costly, and too long in bringing in a return, and it was necessary for me to resign that idea, but in the meantime I had such a longing for everything connected with machinery, that I had acquired quite a museum of mechanical contrivances, and this being known to a gentleman of my acquaintance, he begged me to bring my little models down and have an evening at the Birkbeck Institution. Mr. Frederick Tyrrell, one of the surgeons at St. Thomas's Hospital, coming home from delivering his lecture, happened to call in there, and afterwards sent his card in to me. He said, "Why should you not come to St. Thomas's and lecture upon the subjects you are going to devote yourself to?" That was the origin of my first acquaintance with that institution. Pardon an old man's garrulity, but I cannot help remarking how in coming back to this scene of old associations, one's memories resolve themselves into palpitating actuality. I can therefore appreciate to the full the advances that have been made. Everything seems to have been done that could reasonably be asked for, and always done with regard to efficiency. The result is equally honourable to the enterprise and liberality of the executive, and to the skill and foresight of Mr. Pedley and his coadjutors. I shall trust that what has been done will be found mutually advantageous to this grand old institution, and to the new branch of surgery which is now rising to more and more importance, and we wish to the Dental Department of Guy's a long and prosperous career.

THE DISTRIBUTION OF PRIZES.

The luncheon guests then adjourned to the Pavilion, where a large company of students and their friends had meanwhile assembled to witness the distribution of prizes, and to hear Sir John Lubbock's address to the the students.

The Treasurer having briefly introduced Sir John, the awards of the year were distributed, the following being a list of the medallists and prizemen:—

The Treasurer's Gold Medal for Clinical Medicine.—Francis Jordan Coleman, Hunmanby, Yorks.

The Treasurer's Gold Medal for Clinical Surgery.—George Lawrence, Liverpool.

Gurney Hoare Prize for Clinical Study.—Charles Caldwell Elliott, Wynberg, Cape Colony.

Beaney Prize for Pathology.—Francis Jordan Coleman, Hunmanby, Yorks.

Golding Bird Prize and Gold Medal.—Edwin Arthur Peters, St. Leonards-on-Sea.

Michael Harris Prize for Anatomy.—William Edwin Plummer, Tunbridge Wells.

The Arthur Durham Prizes for Dissection.—First Year's Students.—Robert Pugh Rowlands, Towyn, N. Wales, Prize £5; John Ownsworth Garland, Barnsley, Certificate; Edmund Ivens Spriggs, Market Harborough, Certificate. Second Year's Students.—Frederick William Rowland, Bromley, Kent, Prize £15; Walter John Rowland, Bromley, Kent, Certificate; Arthur George Butler, Beckenham, Certificate.

Fourth Year's Prizes.—John Alexander Howard, Canonbury, First Prize, £25; Gerald Stanley Hovenden, South Norwood, Second Prize, £10.

Third Year's Prizes.—Edwin Claude Taylor, Sydenham, First Prize, £25; Alfred Salter, Blackheath, Second Prize, £10.

Second Year's Prizes.—Francis James Steward, Old Charlton, First Prize, £25; Charles John Harnett, Sittingborne, Second Prize, £10; Henry Alford Moffat, Grahamstown, Cape Colony, Certificate; Charles Herbert Fagge, Lutterworth, Certificate; Stanley Copley, Pontypool, Certificate; Thomas Morrell Thomas, Aberayron, Wales, Certificate; Philip Northcott Vellacott, West Thurrock, Certificate. Dental Students.—John Brodribb Parfitt, Reading, Prize £15; Frank Charles Bromley, Southampton, Certificate; Edward Clayton, Wallington, Certificate.

First Year's Prizes.—Walter Charles Pakes, Garstang, First Prize, £50; Arthur George Butler, Beckenham, Second Prize, £25. Dental Students.—Herbert Wallis, Hull, Prize, £10; Urban Edward Cave, Newbury, Certificate; William Henry Pilcher, Godalming, Certificate.

Practical Dentistry Prize.—Ernest Vincent Knight, Oxford, and John Brodribb Parfitt, Reading, equal, £5 each; Walter Robert Wood, Brighton, Certificate; Percy Francklin Henry, Peckham Rye, Certificate.

Open Scholarships in Arts.—Arthur William Nourse, Putney, 100 Guineas; Harold Wilson Bruce, Bow, 50 Guineas.

Open Scholarships in Science.—Edmund Ivens Spriggs, Market Harborough, 125 Guineas; Frank Wilhelm Goldie, Clapham Common, 50 Guineas; Richard Truman Fitz-Hugh, Nottingham, Certificate; Hubert John Starling, Maida Hill, Certificate.

SIR JOHN LUBBOCK then delivered the following address:—It is now my pleasing duty to offer in your name our congratulations to those who have carried off these prizes and certificates, and that pleasure is greater because of the satisfaction that their success will give to the many who are interested in their welfare. It is usual on these occasions to offer a few words of en-

couragement and advice, such as the experience of the world enables us to give those just entering on life. You have shown by the prizes you have secured that you possess abilities above the average. On this I congratulate you. It is also, however, a responsibility, like all other privileges. I hope also that those who have not carried off prizes will not be discouraged. We are told that Wellington and Napoleon were both dull boys, and the same has been said of Clive, Sir Walter Scott, Sheridan, Burns, and many other clever men. If, indeed, you have not done your best, that is another matter, but if you have done your best you have only to persevere, and many of those who have never been able to distinguish themselves at school have been very successful in after life. As a mere question of success in your profession, though I should be sorry that you should look at life merely from such a point of view, character and steadiness will do more than mere cleverness. It is more important to do right than to know it, and whether you wish to be happy or to be good, you should follow the same course. Try to make everyone that you meet glad that he has met you. Never lose a chance of giving pleasure. Remember, it takes two to make a quarrel, and not to be one of them. There is an old tradition that a cup of gold is to be found wherever a rainbow touches the earth, and there are some people whose smile, the sound of whose voice, whose very presence like a ray of sunshine seems to turn anything that they touch into gold. A merry heart we know is a continual feast, as our greatest poet and philosopher, Shakespeare, has well said—

"All places that the eye of Heaven visits,
Are to the wise man ports and happy havens."

Of course you cannot expect to go through life without storms and troubles, doubts and anxieties. Descartes described himself as "Res cogitans, id est dubitans, affirmans negans, pauca intelligens, multa ignorans, volens, nolens, imaginans etiam et sentiens." Mystery, indeed, surrounds us on all sides, and we must not be impatient if the veil seems to lift but slowly. But yet the troubles which come to us are few in comparison with those we bring on ourselves. Dr. Richards has told us that the passions anger, hatred, grief and fear are among the influences most destructive of vitality, and among the darkest shadows of life are those which a man makes when he stands in his own light. If you sometimes feel out of heart, remember that we live in a world in which we cannot afford to be discouraged by trifles. But after all, the prophets of evil have been much less often right than the prophets of hope. We must not be unreasonable in our expectations. "Fortune," said Boyle, "can give much, but the mind alone can make that much enough." As to the importance of wealth, the case is not so clear. I have no desire to undervalue money, but the feverish pursuit of it which in great cities is a source of danger, is certainly not conducive to health or happiness. Wordsworth and his sister for many years lived on thirty shillings a week. They lived in a cottage —a real cottage with a single sitting-room, where he was liable to constant interruptions from servants, visitors and children, yet under these circumstances much of his finest poetry was written. I am not prepared to deny that an income which increases somewhat as the years advance is an advantage. Time is said to be money, and what is even more important, money is time. But if one great advantage of money is to give leisure, it is no use giving too much leisure and time to make money. Other things are even more valuable than silver and gold, and yet many will take a great deal of trouble for silver shillings who will hardly stoop to pick up golden thoughts. As regards the material necessities of life, your education raises you above any reasonable anxiety. Sir James Paget, in one of his interesting addresses, gave statistics as regards his own pupils whose careers he had followed. Out of 1,000, 200 left the profession, came into fortunes, or died early; of the remaining 800, 600 attained fair, some of them considerable, success. Out of the whole number only 56 entirely failed. Of these, 15 never passed the examinations, 10 broke down through intemperance or dissipation, and out of the whole 1,000 only 25 failed through causes apparently beyond their own control. In fact, in medicine as in other walks of life, or perhaps even more so, if you make yourself useful you will be used. While thinking of others you must not neglect your own health. Intellectual life lifts us to regions of thought above all mere personal anxieties, and study is so entrancing that to many men, and especially to the highest natures, exercise becomes a difficult duty. Ascham gives us a charming account of his last visit to his noble pupil, Lady Jane Grey. Her father and mother were hunting in the park and he found her in an oriel window reading the Phaedo of Plato. He expressed some surprise, but she told him, "I wist all their pleasure in the park is but a shadow of that I find in Plato."—But yet the temptation to neglect exercise is one which must be resisted. If you wish to be well, according to Dr. Abernethy, you must live on sixpence a day and earn it, and there is a well-known proverb that there is nothing so good for the inside of a man as the outside of a horse. Always remember, however, to make your games the recreation, not the business, of life. In the noble profession which you are now entering, it will be your privilege to soften suffering, to relieve pain, to restore health, and even when that is impossible you will at least do much to lighten the hand of death. But your profession has even more than that in store for you. You will find that in many cases it is the mind rather than the body with which you have to deal. Such cases require good advice, kindness and sympathy, more than medicine. You will gradually become not merely the medical attendant, but the confidential friend. To fit yourselves for an office so high and noble is no light or easy matter. Mere knowledge, however, profound is not sufficient; tact, sympathy, and above all, character, are also necessary. The medical profession is a learned profession, but it is more than that. Medical men have always stood high, not merely in knowledge, but in

character, and never more so than at the present time, and you may rest assured that if you do your best you will have the happiness of feeling, when old age comes, that you have led useful lives, and have brought comfort and consolation into many a home; that you have not only relieved the ailments of the body, but the still keener sufferings of the mind; have enabled many, if not to realise, at any rate somewhat to appreciate, the inestimable gift of life, and the interest and beauty of the world in which we live. I have now the honour of declaring the new buildings open, and in doing so, I congratulate Guy's upon this addition to its appliances and its means of doing good. Knowing how much Guy's is doing for the people of this district, I am thankful that it should have these increased means of conferring benefits upon humanity. I know on the best authority that the new laboratories are worthy of Guy's, and we can say no more. I hope and believe that in them new discoveries will be made to the advancement of medical science, and I am very much obliged, therefore, to the authorities for having kindly permitted me to take a part on this interesting occasion.

THE TREASURER.—I am going to ask you to join with me in a cordial vote of thanks to Sir John Lubbock for coming here to-day, and for all the excellent words of advice and assistance which he has given to the students of this institution. This is a great day for Guy's, but I feel it has not been brought about without great efforts on the part of the Medical Staff. Within the last few years the interest the Staff has taken in the progress of the students has been very manifest. We have not only completed the new buildings in front of us, but behind us is the College, and, thirdly, we have purchased a piece of land at Honor Oak, where the students will have the opportunity of carrying out all those pursuits so strongly recommended by Sir John Lubbock. I will simply, Sir, conclude by applying your own words, and say that, having once seen you, I hope you will be good enough to come again.

DR. PYE-SMITH.—I have been asked to second the motion of the Treasurer, and I take it to be the duty of the Staff to second his efforts, and I congratulate you, Sir, and ourselves upon the large and important assembly which we have here to-day. It is, we feel, at once a pleasure and an honour to have you, Sir John Lubbock, present, and to be surrounded by men eminent and revered. It is, personally, a great pleasure to see my old friend and master, Professor Odling, Dr. Clifford Allbutt, Professor Michael Foster, whose face is well known to many of you, and those other friends who gather round us on a festive occasion like this, but especially we are favoured by the presence of the Chairman, Sir John Lubbock. I am sure you will appreciate the fact that he has come, notwithstanding suffering, that he has given us an example of one of the beauties of nature, and perhaps the best of all, the beauty of good nature, and we thoroughly appreciate his kindness. If I may venture to offer this distinguished sufferer consolation, I would remind him that Sydenham consoled himself with the belief that it is not fools or poor or vicious men who are thus tormented, but philosophers and men of worth, and he might have added University Members of Parliament. This malady also attacks men in the prime of life, and when Sir John Lubbock begins to verge towards later years, he will find the enemy loses his terrors, and become half a friend; and to the students I would say, whatever your course in life may be hereafter, I am sure you will remember with pleasure this occasion, and it may be that when suffering yourselves you are called upon to attend to others, you will be helped to do your duty by the example that Sir John has given you to-day.

MR. DURHAM.—I cordially support this motion. Sir John Lubbock is a man whom it is an honour to know, or to associate with in any way. Had my friend, Dr. Pye-Smith, not referred to it, I should not have ventured to touch upon the malady from which our distinguished visitor is suffering, but, as he has done so, I can only express my regret that the case is not of such a nature as to require surgical interference. Sir John Lubbock is distinguished not only so much, but in so many ways. He is equally at home in dealing with the habits of wasps and ants, and watching the movements of Irish Members. He is equally familiar with prehistoric man, and as making his mark in the history of his own times; and those students who have received prizes from his hands will remember with pleasure the occasion.

The vote having been carried with acclamation,

SIR JOHN LUBBOCK, in acknowledging the same said:—I am very much obliged to the Treasurer and his two friends for what they were good enough to say just now. Dr. Pye-Smith and Mr. Durham have referred in kindly terms to my slight ailment. I must confess that I am glad it is not one that requires any serious surgical treatment. Dr. Pye-Smith held out to me considerable hopes, and I was feeling quite happy, until I heard him say that when I got older the gout and I would be better friends. This is not at all to my taste, and I should like to say with the poet, "I do desire that we be better strangers," but I have no doubt it was excellently meant by my friend, and in that way I take it. Really, though, ladies and gentlemen, it has been a great interest and pleasure to me to be here to-day, for we all know in London that Guy's is one of those great institutions of which all Londoners are so justly proud.

ACKNOWLEDGMENTS.

Tooth Extraction. By John Gorham. Lewis.
The Physiologist's Note-Book. By Dr. Hill. Griffin.
The "Hospital."
The Cambridge Review.
"Alma Mater," being Aberdeen University Magazine.
St. George's Hospital Gazette.
St. Thomas's Hospital Gazette.

THE PROGNOSIS IN TUBERCULAR MENINGITIS.

This subject is often a matter of discussion in the wards, and, most frequently, the conclusion arrived at is, that a recovery is not only theoretically possible, but actually does occur in some, although admittedly rare cases. It is not proposed to bring before the reader in this article any of the theoretical considerations by which such an inference is made, but inasmuch as the writer has recently had occasion to collect the cases of post-mortem evidence in favour of the conclusion, it is thought possible that others may be glad to avail themselves of evidence which has not been brought together without a little trouble. If it be true that the malady may occasionally terminate favourably, one would expect two results to happen, viz., that some cases would be kept under observation till death subsequently occurred, either from a relapse or intercurrent disease; and, secondly, that other cases would pass out of observation, so that the lesions at the base of the brain would be encountered unexpectedly by the morbid anatomist. I have instances of both occurrences, and shall therefore divide my cases, which number eleven only, into two groups, placing into the first those cases with a clinical history, and into the second those instances in which the lesions are discovered unexpectedly at an autopsy.

Group I.—*Cases with a Clinical History:*—

1. In the Archives Gen. de Med. II., for 1853, p. 659, a case is recorded by Rilliet, in a boy, who died at the age of 10½ years of a recurrence of meningitis, the first attack having occurred 5½ years earlier.

2 and 3. In Fagge and Pye-Smith's Text-book, in addition to Rilliet's, two cases are mentioned, one recorded by Trousseau and the other by Dr. Carrington; the writer has sought in vain for the original articles in which these cases were recorded.

4. Professor Clifford Allbutt, in a paper in the *Lancet*, 1869, vol. i., p. 598, on the use of the Ophthalmoscope in Tubercular Meningitis, mentions the case of a boy who died of a recurrent attack when six years old. The interval of health is not given.

5. A girl of eight years died at Great Ormond Street, under the care of Dr. Cheadle. She had recovered from an attack of meningitis three months previously, and although yellow tubercles were found in the pia mater evidently "of more than three months' duration," yet Dr. Cheadle could scarcely convince himself that the first attack had been tubercular in nature, although he admits that it is probable. The record of the case and Dr. Cheadle's remarks will be found in the *British Medical Journal* of 1879, December 20th.

6. Blache, in *L'Union Médicale*, 1881, April 3rd, mentions a boy who recovered twice from meningitic symptoms. Three months after the second attack he died of diphtheria, and old tuberculous lesions were found in the meninges.

7. In the *Paris Médicale* for 1892, vol. vii., p. 241, there is, according to the United States Army Index, a case described by Bouchut, and headed thus, "Méningite tuberculeuse guerie—Hydrocephalic chronique consecutive, autopsie." The *Paris Médicale* is taken in neither at the Royal College of Surgeons, nor at the Library of the Med. Chi. Society, and so I have been unable to verify the reference and the accuracy of the heading of the article. But the latter seems to be fairly decisive.

8. In January of this year, a case of Dr. Hale White's died from tubercular meningitis. It had been in the Hospital during part of the previous month also for tubercular meningitis, and had, apparently, quite recovered, so that it was allowed to go home. The recovery, however, lasted but twelve days, and after being at home for one week, it again become ill. It was brought back to the Hospital on January 18th, and died. At the post-mortem it was thought that some of the tuberculous material was of older date than the rest. The child was 1¼ years old, and of the female sex. The case is weak in the short duration of the healthy interval only.

Group II.—*Cases without a Clinical History of Meningitis.*

9. On page 122, vol. ii., of Lebert's Traite D'Anat. Pathologique are given the pathological appearances in a man, aged 25 years, who died of acute Bright's disease, and in whose meninges tuberculous deposit was found.

10 and 11. In a letter to Dr. Clifford Allbutt, Dr. Crichton Browne says it is his opinion that tubercular meningitis is a cause of idiocy. He refers to two cases in whom the lesions of that disease were found at the post-mortems. The letter is given at full length in Dr. Clifford Allbutt's article in the *Lancet* for 1869 above quoted.

It is not maintained that these cases are all so decisive that no exception could be taken to any, or, indeed, to several of them. But it may be fairly claimed that, taking them *en masse*, they afford very strong evidence of the correctness of the conclusion which may be formed on theoretical reasoning as to the possibility of a subsidence of the disease. The number of instances is certainly small, but it is not at all improbable that one or two more might be discovered if all the literature on Tubercular Meningitis were read through, for the cases are often hidden away in long articles on the subject, no reference being given in the indexes.

In excuse for the paucity of cases in the second division it can be urged—firstly, that unless there have been cerebral symptoms during life, the brain is not often examined at post-mortems, and, secondly, that occasionally it happens that cases actually die of tubercular meningitis in which the lesion is hardly visible to the naked eye. (*Vide* Fagge and Pye-Smith, vol. i., page 637.) If such slight lesions may cause death, those which stop short of such a stage will probably often be slighter still, and, *a fortiori*, their scars quite invisible to the unaided eye.

It is intended, in a subsequent number, to support these records from the post-mortem room, by an analysis of the cases of recovery from the clinical symptoms which have occurred at Guy's during recent years, as they certainly afford strong presumptive evidence in favour of the point in question. W. J. H.

Passim.

"WORTHY OF GUY'S—I cannot say more.' This was an opinion quoted, and fully endorsed by Sir John Lubbock, with regard to the new Laboratories and Dental School. We cannot help feeling that it may also be fitly applied to the occasion of their opening.

WE can find no words to express our indebtedness to Sir John for persevering in his intention of coming to us, notwithstanding the onset of an acute attack of gout, which must have made his labours very onerous. On our behalf, too, he delayed the hour fixed by the London Chamber of Commerce for an important presentation to himself.

IT is a great pity that the daily Press did not report the very interesting address which was given in the tent. All the papers referred to the matter of the luncheon speech, but not to the other, which, perhaps in many ways, was the more interesting of the two.

IT is fully reported in our own columns, and will be found most excellent, both in subject-matter and in those apt literary illustrations of which Sir John Lubbock is so great a master.

THE Governors' Court Room is most admirably adapted to such a function as the luncheon on Monday last. The only drawback on this occasion was that the speakers had open windows at their backs. Through these the noise from a persistent heavy traffic in the street was sometimes sufficient to interfere with the due hearing of the speeches. The tent, moreover, had not the best of acoustic properties, notwithstanding the forethought of the authorities in affixing a sound-board. If we except this slight necessity for straining the ears, there was not so much as a hitch in the arrangements of the day.

THE Dental School was most fortunate in the presence of Sir John Tomes and Sir Edwin Saunders. We rejoice greatly in the practical sympathy with the enterprise which their presence indicated.

WHILE the importance of the Dental Department and the new Chemical Laboratories was duly emphasized at the luncheon, but little was made of the Bacteriological and Public Health Laboratories. With all due respect to our esteemed President, whose speeches at the luncheon were the source of so much pleasure and amusement, the latter must not be relegated to the second division of his epigrammatic "dental and incidental" classification.

THE Inter-Hospital Sports were a triumph for our men all along the line. We wish so long an interval had not intervened between the event and our going to press. The team has had its fill of congratulations by this time, and ours will be a little stale. We offer them heartily nevertheless. The Shield came in for lots of attention on Monday.

THE centre of attraction in Dorcas ward on Prize Day was a delightful little yellow bassinette wherein lay the symphysiotomy baby. The occupant was perhaps less proud of the cradle than were the Sister and the Nurses; it longed rather for other delights. The infant is more normal in its tastes than in its mode of entry into the world, and, up to date, prefers nutriment to admiration.

THE Sisters worked very hard in the preparations for the visitors, but they had their little dissipations nevertheless, as a peep into the Charities' Room at tea time would have shown. There was to be found a most pleasant assemblage of the only true and original hospital "blues," and we felt that the hosts were much to be envied.

AMONG the many interesting and instructive "shows" provided for our guests, none, it may be safely asserted, excited more astonishment or gave more unalloyed and innocent pleasure to young and old alike than the sight of a "Living Clinical at work in his native habitat." There he was in a neat black holland coat, his hair studiously ruffled, a toilsome frown on his lofty, cultured forehead, wielding a great quill pen, and surrounded by a dozen medical tomes, a pair of ward slippers, a churchwarden, and other emblems of his sacred office.

WE greatly regret that pressure upon our space prevents the publication this week of the intended column on Ward Cases and Ward Teaching. We trust, however, that those who have promised to help us in the matter will not now wait for a specimen column. What we want is obvious enough. Stimulated by the presence of certain cases, our teachers often give information in the wards, which, in form at any rate, is not to be found in the text-books. This is what we want to perpetuate.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—Anent the notice in your last issue appearing over the names of the President and Secretaries of the Students' Club, I should like to make a short remark. I was speaking to one of the Staff the other day about the abuse to which the papers were subjected, and one or two kindred subjects, and he told me that it was the Non-Residents who wrought all the destruction; if that is the case, how is it that sometimes when we come down and see the papers first thing in the morning—after the Residents have had the papers and breakfast—we find them cut before we have a chance? As the Residents put upon our shoulders the destruction of the furniture, I think they ought to own to the mutilation of the papers and replace them.

Again, as the suspension of Non-Residents is never *actually* carried out, how would the Committee proceed to suspend a Resident?—Yours truly,

Club, 19th July, 1893. NON-RESIDENT.

THE HOSPITAL "BLUE."

At a meeting of the "Blue" Committee, the following gentlemen were awarded their "Blues."

SENIOR MEN.

FOR RUGBY FOOTBALL.

Allport, A.	Mitchell, W. G.
Burghard, F. F.	Nicholson, —
Biggs, J. J. E.	Pratt, G. M.
Bligh, W.	Robinson, W. E.
Bryant, J. H.	Sandoe, J. W.
Cloud, F. L.	Sheen, A. W.
Coleman, J. G. B.	Slater, L.
Cooper, H.	Steele, G. H.
Dunn, L. A.	Thomas, J. D.
Fawcett, J.	Wilks, H. L. E.

FOR ASSOCIATION FOOTBALL.

Cartwright, E. H.	Mitchell, W. G.
Fisher, W. H.	Packer, H. D.
Holman, H. T.	Pendred, V.
Lowe, P. R.	Roberts, A. C.
Mitchell, E. J. D.	Sharp, H. C.
Mitchell, G. W.	Wilks, H. L. E.

FOR ATHLETICS.

Beyts, W. G.	Sichel, G.
Lewis, I. A.	Wilmot, P.

FOR CRICKET.

Busteed, J. H.	Mitchell, W. G.
Colclough, F.	Pratt, G. M.
Fagge, C. H.	Scott, W. J.
Hewetson, H.	Tuck, E. S.
Lewis, I. A.	Wacher, S.
Mitchell, E. J. D.	Wilks, H. L. E.

Yorath, T. H. B.

FOR TENNIS.

C. R. Colley.

FOR THE PRESENT SUMMER SESSION.

FOR CRICKET.

Ham, B. B.	Nicholls, F. J.
Loud, F.	Simson, H.

Trouncer, C. A.

FOR ATHLETICS.

F. S. Batchelor.

H. HEWETSON, *Hon. Sec.*

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

DR. W., WOODFORD GREEN, ESSEX.—There are a large number of tubercle bacilli in this specimen of sputum.

PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. HUNT, GAZETTE, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

CASES AND COMMENTARIES.

CASE FOR COMMENTARY.

Dr. Pye-Smith has very kindly supplied us with the following case. Official answers to the questions proposed will appear in our next.

CASE NO. II.

An officer in the Royal Engineers, aged 40, married, has lately come home after nearly twenty years' service in the South of India. He is a tall athletic man of regular and abstenious habits, and except one or two accidental injuries, has had excellent health since he first went out.

In October, 1892, while returning homewards in the Red Sea, he "got a chill," as he believes, while sleeping on deck. However this may be he suffered from severe dysentery, and landed in England very ill. The bowel-complaint subsided under treatment, but towards the end of November he became feverish with some pain in the right hypochondrium, but no jaundice or vomiting. The fever assumed a markedly remittent type. A severe rigor was followed by pyrexia, the temperature rising to 104·4° or even 105°, and after a short interval, profuse sweating followed. There were usually two daily paroxysms, at about eleven at night and a less severe one in the morning. During the first fortnight of December this continued, the temperature never being noted as normal or subnormal.

When seen in consultation on December 16th, he was emaciated. There was uneasiness over the whole abdomen, but no local severe pain and no tenderness. The liver was about an inch below the ribs and the spleen was moderately enlarged. The bowels were daily relieved and the stools were apparently normal.

On a second consultation, a week later, the plan of treatment followed had caused relief of the pain and thirst, but the remittent fever continued, the temperature rising frequently to 104°, and occasionally above 105° in the evening paroxysm. He was still thinner, weaker, and there was a slight but unmistakable icteric tinge of the skin and conjunctivæ which had not been before observed. The urine was loaded with lithates, but otherwise normal. There was no change in the abdomen. Swallowing was painful and difficult from accumulation of viscid mucus in the fauces.

A grave prognosis was given, but no important change in treatment was judged advisable.

No further change occurred except deepening of the jaundice, and the patient died on Christmas Eve—about two months after the illness began on his voyage homeward.

What diagnosis or choice of diagnosis was indicated?

What prognosis would follow from the view taken of the nature of the illness on the 16th and 23rd December respectively?

What treatment would have been appropriate on each occasion? and by what special indications would it have been determined?

COMMENTARY.

TREASURERS' GOLD MEDAL FOR CLINICAL MEDICINE.

[*We owe the following admirable Commentary to the Gold Medallist himself. It has been read and approved by Dr. Hale White.*]

In commenting on this case, we have to explain two illnesses, and yet, if possible, to ascribe to them the same cause.

The attack, commencing on August 31st, might have been an *Acute Pleurisy* or *Acute Pneumonia*.

In favour of the former are—(1) The history of gout. (2) The severe pain in the left chest. (3) The diminished movement of that chest. (4) The dulness of the left base. (5) The loud pleuritic rub.

In favour of acute pneumonia are—(1) The sudden onset. (2) The pyrexia (temperature 103°). (3) 2, 3, 4, 5, as above.

Against acute pneumonia are—(1) The absence of rigor. (2) The absence of tubular breathing. (3) The absence of bronchophony and increased T.V.F. (4) The absence of characteristic sputum. (5) The absence of the altered pulse to temperature ratio. (6) The lengthened period of illness (from August 31st to September 20th).

Whichever of the two this illness was, it may be of some service afterwards to explain some peculiar features of the case. She apparently recovered from this attack.

The next feature in the case is that "a few days after September 20th the temperature began to rise again" and became hectic. She "wasted considerably, and has suffered much from sickness whenever she sits up." These symptoms clearly point to some deep-seated suppuration, which may have been present on August the 31st, and in some way may have started the inflammatory troubles in the left chest. However, on October 10th she "complained of pain over the splenic area." There was much tenderness here, but no fulness. This is explicable by the extension of some sub-diaphragmatic inflammatory changes to the spleen, causing capsulitis of that organ.

Another explanation of the symptoms occurring on October 10th is, that there was a latent gastric ulcer of the stomach, the base of the ulcer being formed by the spleen. Gastric ulcers usually become adherent to the liver, diaphragm, or pancreas, but it is quite possible for one to become adherent to the spleen. There are no symptoms whatever pointing to gastric ulcer, the vomiting which has occurred since September 20th has only taken place when the patient sits up. This appears to be due to some reflex disturbance, or to some displacement of viscera. Having discussed these features of the case, we will now proceed to deal with those recorded on October the 26th.

It is clear from the hectic fever, and from the physical signs of the case, that one has to account for some suppuration in the lower part of the right chest or in the right hypochondriac region.

Pus in these regions may be—

A.—Empyema of the right base.

B.—Sub-diaphragmatic abscess.

C.—Abscess in the liver substance, from (1) Tropical; (2) Suppurating hydatid; (3) Portal pyæmia.

Other conditions which might give rise to similar physical signs are—

D.—Hydatids of the lung.

E.—Basal phthisis.

F.—Hydatid of the liver. ?

G.—Gumma of the liver. ?

We shall attempt to show that the most probable of these is *B.*—Sub-diaphragmatic abscess, which we will discuss last.

A.—Empyema of right base.

In favour of this are—(1) "The great pain and tenderness over the lower part of the right chest and upper part of the abdomen" on October 20th—this may have been due to acute pleurisy. (2) The dulness of the right base. (3) The deficient entry of air over the lower part of this dulness.

Against empyema are (1) absence of very definite history of pneumonia or pleurisy on that side. (2) The extreme tenderness of the upper part of the abdomen. (3) That the "dulness is higher in the mid-axillary line, and slopes down from the third intercostal space to the normal upper limit of the hepatic dulness in the line of the nipple in front, and in the line of the angle of the scapula behind." (4) That the liver is not pushed down. (5) No diminution of bronchophony. (6) That "vocal fremitus, although feeble, is distinctly present." (7) That in the abdomen on the right side there is distinctly more resistance than in the corresponding area on the left side. It is rare for pus above the diaphragm to travel downwards, whilst pus below the diaphragm often works upwards. (8) That there is no visceral displacement, *e.g.*, "heart appears to be healthy," and therefore one may gather that it was not displaced. (9) That there is no supplementary breathing on the left side. (10) That the movement of the left chest is actually not so good as that of the right. (5) and (6) prove that there is no compression of the lung by fluid in the right pleural cavity.

C.—Hepatic abscess.—It is very important that the patient has not been abroad nor has had dysentery, proving that a large solitary hepatic abscess, if present, could not be due to this cause. A large hepatic abscess near the upper surface of the liver would probably give identical physical signs as in the case of sub-diaphragmatic abscess. The latter is generally caused by direct injury to the part, or by extension of inflammation from other adjacent diseased organs. Thus it differs from abscess of the upper part of the liver itself, although no distinction could be made by physical signs. A sub-diaphragmatic abscess and hepatic abscess are both capable of cure, whilst probably the former lends itself more easily to cure, as the walls of the sub-diaphragmatic abscess can more readily come into apposition. A correct diagnosis in each is very important. A suppurating hydatid of the liver would have given more trouble in diagnosis if the case had been first seen when suppuration had already commenced in the cyst. We take it for granted that there was no unusual dulness in the right chest when the patient was examined on August the 31st; otherwise such an important physical sign would have been noted. It is, therefore, improbable that the case we are dealing with was a suppurating hydatid; an absolute diagnosis could only be made after careful examination of the pus of the abscess.

It is characteristic of disease occurring in the substance of the liver, especially near its diaphragmatic surface, that there should be extreme pain in the right shoulder, especially if referred to the angle between the acromion and the clavicle. We notice that this important symptom was absent in this case, and this is a strong point against the trouble being actually in the liver substance. Another cause of abscesses in the liver is "portal pyæmia," for this, however, there is no cause, no other indication, and the woman recovered.

B.—We will now discuss the diagnosis of

SUB-DIAPHRAGMATIC ABSCESS, and attempt to show that this was the most probable complaint.

In favour of this we must remember that by far the commonest cause of such an abscess is direct injury, and probably the most difficult cause to ascertain.

Gastric ulcer is another possible, although extremely rare cause. We have already said that there were absolutely no previous symptoms of gastric ulcer, and it is improbable that one should commence at the age of fifty. Another objection to the gastric ulcer theory of the production of this sub-phrenic abscess is, that from the absolute dulness one would conclude that no air or gas had gained entrance to the abscess cavity. The entry of air into abscess cavities arising from perforation of gastric ulcers does not, however, appear to be a necessary event, although some cases of pyo-pneumo-thorax of the base arise in this way.

The physical signs in favour of *B.* are—(1) That there is extreme tenderness of the lower part of the right chest, and of the right hypocondrium. (2) That the upward limit of the liver dulness is dome-shaped, so that it almost exactly follows the curve of the diaphragm. (3) That the liver is not pushed down below the edge of the ribs.—There is a difference of opinion about this sign, however, some believing that in sub-diaphramatic abscess the liver is depressed, and that it is not usually so in empyemata; others, however, believe the contrary. (4) The prominence of the lower part of the right chest is equally in favour of (*a*) empyema; (*b*) hepatic abscess; (*c*) sub-diaphragmatic abscess.—The epigastric angle would tend to be widened with (*c*) rather than with (*a*). (5) The "distant bronchial breathing at the upper part of the dull area, and for a short distance above it," indicates semi-solid compressed lung, with patent bronchial tubes, due to (*a*), (*b*), or (*c*). (6) That "there is no

diminution of bronchophony" shows that there is no fluid in the pleural cavity, and therefore points to (*b*) or (*c*). (7) "Vocal fremitus, though feeble, is distinctly present," this also proves that there is no fluid in the right chest; for if it were present we should not have obtained T. V. F.—This physical sign is in favour of (*b*) or (*c*).—It is unfortunate that the T. V. F. of the right side is not compared with that of the left. (7a) That the movement of the right side of the chest is better than that on the left. This could not possibly have been so, had there been fluid in the right pleural sac. (8) Probably the heart was not displaced outwards. This is useful as a negative sign, for a collection of fluid in the right pleural cavity would have displaced the heart outwards, and so might a *large* sub-phrenic collection; but as the heart is not displaced, we may take it that this is in favour of sub-phrenic trouble. (8a) Absence of ægophony. (9) The absence of the cause of tropical abscess. (10) The absence of shoulder pain. (11) Some features of the case can be more reasonably explained on the assumption of the presence of a sub-diaphragmatic abscess. For though we suppose that there is no gastric ulcer nor gall-stone to cause the abscess, and must find the cause in some forgotten injury; yet on the assumption of sub-diaphragmatic suppuration, all the symptoms and physical signs are explained. Thus the pleurisy of the left base is caused by extension through the diaphragm; the pain and tenderness over the splenic area are caused by the ulceration of the spleen, which is often found exposed and ulcerated, forming one of the boundaries of a sub-diaphragmatic abscess. In the same way the involvement of the liver or its surroundings in the inflammatory process would account for the pain and tenderness in the right hypochondrium. We have already explained the physical signs. (12) The absence of any cause for empyema.

There are other conditions which ought to be remembered, viz., *E.*—Basal phthisis; *D.*—Hydatid of the lung; *F.*—Hydatid of the Liver.

E.—Basal phthisis is untenable, as the sputum is frothy and contains no bacilli, probably indicating some bronchitis.

D.—Hydatids of the lung are common in Australia, but remarkably rare in England. They are said to give rise to symptoms similar to basal phthisis. We have fairly proved that it is not a lung condition with which we have to deal, but some abdominal mischief.

F.—It is quite possible that suppuration took place round a *small* hydatid of the upper surface of the liver, and that this gave rise to the chain of symptoms, etc. Non-suppurating hydatid is untenable on account of the marked hectic. All other enlargements of the liver are only thought of to be dismissed, as the liver cannot be felt below the edge of the ribs, and the hepatic dulness extends only to their margin.

How are the physical signs in the left chest accounted for? The attack of pleurisy or pneumonia on August 31st might have left thickened and adherent pleura, or there was a subsequent slight effusion of fluid. The account of the signs is meagre, and if we are to understand that the physical signs afterwards disappeared, we should favour the diagnosis of fluid in that chest. The signs in favour of this are (*a*) the bad movement; (*b*) deficient entry of air; (*c*) the impaired note. These three might equally well indicate thickened pleura, as no mention is made of ægophony, bronchophony, or T. V. F. We conclude that the most probable diagnosis was a sub-diaphragmatic abscess, probably involving the diaphragm, and which was finally coughed up through the lung.

The means of diagnosis not mentioned in the report.—Exploring in the lower part of the right chest with a long, slender, hollow, syringe needle, with the aid of an anæsthetic, if necessary, as then numerous explorations could be made, until probably attended with positive results.

The fluid drawn off should be examined

I. *Macroscopically.*

(*a*) Creamy pus, from (1) empyema; (2) sub-diaphragmatic abscess; or (3) suppurating hydatid.

(*b*) Pus of the colour of "anchovy paste," without doubt from tropical abscess.

(*c*) Clear fluid without membrane, probably hydatid.

II. *Microscopically.*

(*a*) Hooklets from hydatid cyst.

(*b*) Amœbæ, five or six times the size of an ordinary white blood corpuscle, from an undoubted tropical abscess.

III. *Chemically, &c.*

(*c*) Clear fluid, from simple hydatid. Sp. g., 1007—1009. Salts, NaCl. very little. No albumen or sugar.

IV. *Cultivation* of the amœba of Tropical Abscess.

Treatment.—As we have concluded that pus was present, and if this had been confirmed by our explorations we should drain the abscess antiseptically through the right axilla, by removing a portion of the eighth or ninth rib, opening the pleural cavity, and allowing the lung to retract, if it is not adherent. Stitch the parietal pleura to the diaphragmatic pleura to shut off the serous cavity and then open the abscess by Hilton's method.

F. J. COLEMAN.

APPOINTMENTS.

GODSON, A. H., B.A., M.B., B.C. Cantab., has been appointed House-Surgeon to the Croydon General Hospital, *vice* T. A. Dukes, resigned.

HODGSON, HAROLD, M.R.C.S. Eng., L.R.C.P. Eng., has been appointed Medical Officer for the Blisworth District of the Towcester Union.

CALENDAR OF COMING EVENTS.

July 25th.—First Conjoint Examination begins.
Aug. 3rd.—Welsh Cricket Tour commences.
,, 7th.—Medical Office closed.
,, 10th.—Library closed.

GUY'S HOSPITAL DEBATING SOCIETY.

The vitality of this Society was very much in evidence on Thursday evening, when the members met at dinner in the College Reading Room. An important debate followed the repast, and was a very great success. The subjects for debate were given from the Chair after dinner, so that all spoke without preparation. It is significant that the quality of the speeches was perhaps better than usual. The questions debated were (1) Does Art conduce to effeminacy? and (2) Are any of the contemporary poets likely to be immortal? Mr. Fripp, who was in the chair, congratulated the Society on its position.

PASS LIST.

SECOND CONJOINT EXAMINATION, JULY, 1893.

Anatomy and Physiology.

Alexander, H.	Hardy, F. H.
Cardin, H.	Izard, H. E.
Davies, T.	Spicer, A. H.
Davies, W. R.	Stanton, T. W.
Earnshaw, A.	Temple, P. G.
Farnfield, W. W.	Ta'Bois, F. W.
Watson, C. E. S.	

Anatomy only.

Brown, R. T.	Layman, S. G.
Burton, C. G.	Murray, C. H.
Finch, A. H.	Prebble, E. A.
Instone, B.	Wernet, A. J.

Physiology only.

Golding-Bird, F.	Kay, R.
Hall, E. S.	Leader, H.
Hedden, R.	Reckitt, W. F.
Hughes, W. L.	Tulk-Hart, T. J. A.

This List is not official; any omissions will be supplied in our next.

RECENT PUBLICATIONS.

Dexter (F.) The Anatomy of the Peritonæum. 38 illustrations. Crown 8vo. Kempton, net 6s.

Esmarch (F.) First Aid to the Injured. Translated by H.R.H. Princess Christian. 5th edition, 12mo. Smith Elder, 2s.

Hill (Alex.) The Physiologist's Note Book. 36 plates. Royal 8vo. C. Griffin, 12s. 6d.

Keen (W. W.) and White (J. W.) Text Book of Surgery for Practitioners. Vol. I., two parts. Royal 8vo. Pentland, net 30s.

Luckes (Eva C. E.) Hospital Sisters and their Duties. 3rd edition. Crown 8vo. Scientific Press, 2s. 6d.

Naphey's Modern Therapeutics, Medical and Surgical. 9th edition. Revised and enlarged by A. J. Smith and J. A. Davis. Vol. II., 8vo. Bailliere, 30s.

Parke (T. H.) Guide to Health in Africa. Crown 8vo. Low, 5s.

Wooldridge (L. C.) On the Chemistry of the Blood, and other Scientific Papers. Arranged by Victor Horsley and Ernest Starling. 8vo. Kegan Paul, 16s.

Sport.

UNITED HOSPITALS ATHLETIC MEETING.

The twenty-seventh annual meeting of the United Hospitals Athletic Club, held at Stamford Bridge, on the 8th inst., was a triumph for Guy's, as our representatives carried off no less than nine out of eleven events, and proved "Rugger" to have been too modest in the anticipations expressed in the last number of the Gazette. We think it was Mr. Bell who told us that the best way of reaching the scene of action would be to travel by the 2.15 train from Waterloo to Chelsea. It is somewhat fortunate that he did not take his own advice, for had he done so the first event would not have fallen to Guy's. At Waterloo we enquired of the official who works that ingenious notice-board, where the 2.15 train would start from. He said he did not know, because they could not find that train and were then busy looking for it. When the train turned up they first put us in it, then turned us out, then ordered us in again; and bullied us when we obeyed; but every one took the thing very meekly, and at last we got off. As a means of getting to or from Stamford Bridge, however, give us a pair of crutches in preference to the London and South-Western Railway.

By the time the ground was arrived at the preliminary heats of the 100 yards had been run. A look round revealed the stand fairly well filled, ladies predominating; but along the paths there was a mere handful of spectators, and as for hospital men in general, there were just sufficient present to render the absence of the bulk conspicuous. This may be the method of supporting their champions approved by hospital men, but to an outsider it is as peculiar as it is depressing, and it surely tends to this unsatisfactory result, that competitors enter and strive for their own satisfaction solely, and not to win glory for their *Alma Mater*. Amongst those present we noted Dr. and Mrs. Taylor, Dr. and Mrs. Shaw; Messrs. Dunn, Fripp, Bryant, and Gill; while the Guy's Athletic Club President, Mr. Lucas, appeared on the scene later in the afternoon. The small attendance may possibly have been due to the meeting of the Physiological Society, at Guy's, not to speak of the weather. The long-wished-for rain chose this opportunity for opening its account, and thus the majority of the spectators had to remain under cover during nearly the whole of the proceedings.

Bell led off his brilliant afternoon's work by winning the 100 yards for Guy's in a yard inside $10\frac{2}{5}$ secs., beating his principal opponent—Clark, of King's—easily. James, of St. Bartholomew's, secured the Half Mile by a larger margin than had been looked for, in the record time of 2 mins. 2 secs., but Batchelor did well in arriving second. In the 120 yards Hurdle Race, Lowe disposed of the rest very comfortably in 17 secs., which was also his last year's time. That he did not make the hoped-

for record is probably due to his having been so little pressed, Kent, of St. Bartholomew's, who came second, never appearing dangerous. Perhaps the most appreciated event of the occasion was Bell's performance in the High Jump. He had to compete against Armson, of Middlesex, Parsons, of Westminster, and Smith, of St. Bartholomew's, and in order to win it was necessary to clear 5ft. 8in. This not only establishes a United Hospitals record, but is 4½in. better than Bell's performance on the similar occasion last year, and 2½ins. better than his previous best this season. It is a matter for congratulation that Bell found himself equal to the necessities of the hour, because Smith was a formidable second with 5ft. 7in., and Armson third with 5ft. 6in. Bell was deservedly cheered, not only for his fine victory, but on account of the splendid style in which it was achieved. So far from resting on his laurels, Bell forthwith proceeded to win in hollow fashion the 220 yards in 23⅕ secs., again beating Clark, of King's. This seemed to slightly exhaust him, and he took a short breather. Ten men started for the Mile, and Maturin was well to the front during the first part of the race, but retired before the end came. Munro simply won as he liked in 4 min. 41 secs., the two Charing Cross representatives—McCullagh and Smith—being second and third respectively. The Quarter Mile was run in a storm, so that Batchelor's time, 53½ secs., is better than it looks on paper. This race was productive of spills. We did not see them all, but Williams, of St. George's, and Howlett, of St. Thomas's, collided at the turn in front of the stand, and what between blood and ashes, the latter looked a deplorable object when he resumed the perpendicular, but after being washed and bandaged we found him quite clean and comparatively comfortable. It may be observed that in the Quarter, Clark, of King's, ran second for the *third* time in the afternoon.

In the three miles, Munro, Edwards, Cooper, of King's, and Mould and Elwin, of St. Mary's, were the starters. Edwards led off, but after the first lap Munro took the lead. Edwards retired comparatively early, and then the race became somewhat puzzling, because Munro was so far in front that he appeared to be behind. Suffice it to say that he overlapped Mould, who then gave up, and almost did the same to Cooper, winning the race at the same moment. Elwin just managed to escape the fate of the others and finished second. Munro's time was 15 min. 54⅗ sec. for the full distance: the first mile being covered in 5 min. 6 sec., and the second in 10½ mins.

While the long jump was being proceeded with the storm burst with fury, and even the devoted bandsmen of the 2nd Kent Artillery Volunteers had to abandon their instruments and seek shelter. Whether he would excuse himself on the ground of the weather we know not, but Mackintosh, of St. Bartholomew's, failed to do what was expected of him, and the longest jump was made by Bell, 20ft. 8in., Mackintosh coming second with 19ft. 2½in. Mackintosh fell below his form at this meeting. Perhaps it was the result of playing water polo on the previous evening. Scott came down late, and, had he been less hurried, might have done better in Putting the Shot, although he did not expect to beat Rolfe of London, who won with 35ft. 2¼in., Bennett of St. Bart.'s being second with 33ft. 5in. Said the latter to Rolfe: "I had depended upon having that prize myself; but as it is I am glad you got it, and that it did not go to the Guy's man." However, the Guy's man was not to be denied in Throwing the Hammer. This contest lay between Scott and Mackintosh of St. Bartholomew's; and although the latter had been looked upon as practically safe for first place, he could only hurl the missile 76ft. 7in. to Scott's 89ft. 5in.

Prize distributions are seldom of an imposing character, but anything more feeble than the manner in which the awards were given to the successful competitors on this occasion is outside our experience. Above the tiers of the stand at Stamford Bridge is a small level space where refreshments are served. Here the perfunctory ceremony was performed, but as the would-be spectators were on a lower level nothing could be seen or heard, and the whole thing resolved itself into a sort of scramble. If a formal distribution of prizes is necessary, surely a little dignity might be imparted to the proceedings, if only out of consideration to the lady who so kindly distributes the prizes, and to the prize takers themselves.

R.

DETAILED ACCOUNT.

100 YARDS CHALLENGE CUP, presented by St. Thomas's Hospital, 1882.—Holder: H. T. Bell, Guy's; time, 10⅗ secs. Record, B. B. Connolly, Guy's, 10⅕ secs., 1868. Heat 1.—H. T. Bell, Guy's, first; C. Francis Williams, St. George's, second. Heat 2.—W. R. Barron, Bart.'s, first; N. Roche, Charing Cross, second. Heat 3.—S. Clark, King's, first; G. W. Howlett, St. Thomas's, second. Final heat.—Bell, first; Clark, second; Howlett, third. Won easily by 3 yards, 2 yards between second and third. Time, a yard inside 10⅗ secs.

HALF-MILE CHALLENGE CUP, presented by J. G. Beaney, Esq., M.D., Guy's, 1879.—Holder: P. W. James, Bart.'s; time, 2 mins. 2⅕ secs. Record, P. W. James, Bart.'s, 2 mins. 2⅕ secs., 1892. P. W. James, Bart.'s, first; F. S. Batchelor, Guy's, second. Only two finished. Won by 12 yards. The Bart.'s man beating his last year's performance by ⅕ sec.—Time, 2 min. 2 secs.

PUTTING-THE-SHOT.—Holder: M. Breton, St. George's; 33ft. 10in. Record, W. G. West, Bart.'s, 38ft. 3in., 1889. C. Rolfe, London, 35ft. 2¼in., first; K. F. Bennett, Bart.'s, 33ft. 5in., second; J. S. Mackintosh, Bart.'s, 33ft. 3in., third.

120 YARDS HURDLE RACE.—Holder: P. R. Lowe, Guy's, 17 secs. Record—J. G. Gravelly, Guy's, 16¾ secs., 1877. Heat 1—P. R. Lowe, Guy's, first; C. J. Armson, Middlesex, second; time, 17⅗ secs. Heat 2—E. G. Kent, Bart.'s; A. W. H. Grant, Charing Cross, w.o. Final—Lowe, first; Kent, second. Lowe, although behind at half-way, won easily by 2½ yards; time, 17 secs.

HIGH JUMP.—Holder: H. T. Bell, Guy's, 5ft. 3½in. Record, A. E. Nuttall, 5ft. 7½in., 1886. H. T. Bell, Guy's,

5ft. 8in., first; S. F. Smith, Bart.'s, 5ft. 7in., second; C. J. Armson, Middlesex, 5ft. 6in. third; H. Parsons, Westminster, 5ft. 5in., 0. This event was remarkable for the excellence of the jumping and for the wonderful performances of all the competitors. Bell added another to the list of records held by Guy's.

220 YARDS.—Holder: H. T. Bell, Guy's, time 22⅜ secs. Record, H. T. Bell, Guy's, 22⅜ secs., 1892. H. T. Bell, Guy's, first: S. Clark, King's, second; C. Francis Williams, St. George's, third. Bell early showed the lead and won anyhow by 5 yards; time 23⅕ secs.

THROWING THE HAMMER.—Holder: J. S. Mackintosh, Bart.'s, 89ft. 8in. Record, J. E. Frazer, Bart.'s, 93ft. 10in., 1890. E. N. Scott, 89ft. 5in., first; J. S. Mackintosh, 76ft. 7½in., Bart.'s, second. Last year's holder failed to "throw" in any form, and Scott's improvement certainly earned him the victory. Only two competed.

ONE MILE CHALLENGE CUP, presented by Guy's Hospital, 1870.—Holder: H. A. Munro, Guy's; time, 4 min. 35⅕ secs. Record: H. A. Munro, Guy's, 4 min. 34⅕ secs., 1891. H. A. Munro, Guy's, first; A. R. McCullagh, Charing Cross, second; M. A. Smith, Charing Cross, third. At the half-mile the first three were Munro, Maturin and James (Bart.'s). At the three-quarters Maturin was left behind, with McCullagh and James together for second place. In the straight the second Charing Cross man drew up and beat James for third place, Munro winning comfortably by thirty yards. Time, 4 mins. 41 secs.

LONG JUMP.—Holder: J. S. Mackintosh, Bart.'s, 20ft. 5½in. Record: B. C. Green, Bart.'s, 21ft. 10in., 1891. H. T. Bell, Guy's, 20ft. 8in., first; J. S. Mackintosh, Bart.'s, 19ft. 2½in., second; W. R. Barron, Bart.'s, 18ft. 10in., third. The holder was badly beaten and palpably out of form, this being Bell's *fourth* victory during the afternoon.

440 YARDS CHALLENGE CUP, presented by G. N. Montefiore, Esq., Guy's, 1879.—Holder: J. W. Summerhayes, St. Mary's, 52⅖ secs. Record: T. A. Guinness, King's, 51⅘ secs., 1880. F. S. Batchelor, Guy's, first; S. Clark, King's, second; P. G. Mould, St. Mary's, third; W. G. Richards, Bart.'s, 0; H. W. Dudgeon, Guy's, 0. G. N. Howlett, Thomas's, and C. Francis Williams, St. George's, fell. Richards and Dudgeon went off with a rush, closely followed by Clark and Batchelor, who, drawing up at the top, ran clean away from Clark, and beat him by a good ten yards. Time, 53½ secs.

THREE MILES CHALLENGE CUP.—Holder: H. A. Munro, Guy's; time, 15 mins. 17⅕ sec. Record: H. A. Munro, Guy's, 15 mins. 17⅕ secs., 1892. H. A. Munro, Guy's, first; G. R. Elwin, St. Mary's, second; J. W. A. Cooper, King's, third; C. D. Edwards, Guy's, 0; G. E. Mould, St. Mary's, 0. Edwards led off at the start, but soon yielded to Munro, who, in spite of his "condition," ran in good style. At the mile—accomplished by the leader in 5 mins. 6 secs.—the order was: Munro, Edwards, Elwin, Cooper and Mould. At the two miles Munro was a lap ahead of Mould, and half-a-lap from Elwin and Cooper, who kept very close. Time, 10 mins. 10 secs. The leader won very easily by almost a lap from Elwin; 40 yards between second and third. Time, 15 min. 54⅗ sec.

440 YARDS OPEN HANDICAP.—Abbott, L.A.C.

Guy's thus won the championship for the seventh time by nine events out of eleven, Bart.'s winning only one, and London the other. For us, Bell stands out pre-eminently with four events, Munro winning two, and Lowe, Scott, and Batchelor one each. We understand that the "Residents" intend doing the congratulatory to the Guy's representatives—a graceful act which speaks for itself. The table below gives an interesting résumé of the position of the Hospitals in the U.H.A.C. meetings.

During the afternoon, between the thunderstorms, the band of the 2nd Kent Artillery Volunteers, by kind permission of Lieut.-Col. Talford Hughes, played a selection of music, and at the conclusion of the sports Mrs. Howard Marsh, wife of the President, graciously distributed the medals and cups to the successful competitors.

The arrangements were, as usual, excellent, in the hands of the following:—Judges: Messrs. A. F. Voelcker, M.D., H. M. Fletcher, M.B., B.S., and G. R. Turner, F.R.C.S. Referee: Mr. A. A. Bowlby, F.R.C.S. Clerks of the Course: Messrs. Turner, Allport, Frazer, Lovell-Lovell, and B. C. Green—the last of whom we were pleased to see on the "course" again, looking none the worse for his illness. Captain: Mr. H. A. Munro. Hon. Secretary: Mr. H. T. Bell. Mr. T. K. Holman took the times, and Mr. L. L. Lockton was starter.

TABLE, showing positions of the Hospitals at the present time in the United Hospital Sports, extending over a period of twenty-seven years, 1867—1893. Throwing the Cricket Ball was discontinued in 1874, so is not included in the table. In 1879 the 250 yards was altered to 220 yards, all the wins being classed under the latter. In the first five contests there were two Hurdle events, 120 and 140 yards respectively—the winners of the latter are here discarded, to avoid complications.

	St. Bart's.	Guy's.	St. Thomas's.	King's.	St. George's.	University.	St. Mary's.	London.	Middlesex.	Westminster.
100 Yards	5	R3	5	7	2	2	—	1	2	—
220 Yards	3	R4	3	9	3	2	—	1	2	—
Quarter-Mile	9	4	—	R10	1	2	1	—	—	—
Half-Mile	R12	2	—	5	3	2	3	—	—	—
One Mile	4	R4	—	4	6	7	1	1	—	—
Three Miles	4	R4	2	1	8	3	4	1	—	—
120 Yards, Hurdles	6	R8	5	1	5	1	1	—	—	—
High Jump	8	R10	5	—	1	—	2	—	—	1
Long Jump	R7	8	5	2	1	1	—	2	—	—
Hammer	R7	5	10	—	4	—	1	—	—	—
Shot	R5	9	4	—	1	1	4	3	—	—
Total Events ...	71	61	39	39	35	21	17	9	4	1

R—Denotes Hospital holding the record.

	No. of events.	No. of records.	No. of times Champion Hospital.
St. Bartholomew's ...	71	4	8
Guy's	61	6	7
St. Thomas's	39	—	5
King's	39	1	3
St. George's..... ..	35	—	3
London	9	—	1

Of the other Hospitals, none of whom have once won the Shield, University College have taken 21 events, Mary's 17, Middlesex 4, Westminster 1, while Charing Cross has never scored an event.

What some athletic critics say—

That although Guy's won in very hollow fashion, nine events out of eleven, this achievement has once before been accomplished by St. Bartholomew's, who, in 1890, carried all before them through the aid of Green (four events), A. R. Badger, R. G. Hogarth, J. E. Fraser, and W. G. West (one each).

That H. T. Bell showed splendid all-round form for Guy's, *but none of his victories were by any means runaway affairs.* A somewhat unjust and incorrect criticism, as with the exception of the High Jump, there was a good margin between him and the second man. The same writer characterises the High Jump, as "an exceptional fine display," of which there can be no possible doubt whatever. Again: "Except in one or two events the performances were not as good as last year," an opinion with which we may concur—but then look at the weather!

Another account, after commenting upon the very meagre attendance, considering the large number of Hospital men who might be expected to take an interest in the competitions, repeats that Guy's scored a most decisive victory. This result was due chiefly to the exertion of that sterling sprinter and jumper, H. T. Bell, and H. A. Munro. The latter had been studying hard lately, to the detriment of his athletic form; but, nevertheless, proved far too good for any of the field against him in the mile and three miles. S.

CRICKET.

FINAL "CUP-TIE"—GUY'S v. KING'S.

Played at Richmond on Monday and Tuesday, 10th and 11th inst. It was with certain feelings of uneasiness, as to the result of this match, that we started down for Richmond on Monday, 10th. Holding in our hands the list of the King's team, which a few days before had defeated London in the semi-final, compiling a score of 380 odd, we were most afraid of E. A. Barret, who had made 220 in the above match, and his brother, J. E. Barret, who was not playing in the last match, making such a stand as would go very much against our chance of keeping the "Cup" to adorn our smoking-room walls for another year. The latter Barret is the one who a few years ago played for the Australian team.

Francis, winning the toss, elected to go in. Wickets at first began to fall unpleasantly quickly. The wicket, owing to some slight showers, not playing very true, Francis, Stamford and Nicholls getting out for 20 runs. Hancock and Shorland, however, made a stand, and ran the score up to 55, when Shorland, after playing a steady useful game for 22, was caught. The next three wickets fell for 30, Hancock, who played excellent cricket, making most of these. Fitzhugh and Ham coming together put on 36 for the last two wickets, the innings closing for 136. This was not very bright, as the wicket was improving more and more as the day advanced.

King's went in, and thanks to the bowling of Messrs. Joyce and Hancock, were all out for 64. There was some little excitement towards the end of their innings as to whether they should throw their wickets away to obtain the "follow-on," two of their men being sent in to get out on the bowling of the first straight ball, which they promptly did. J. C. Webb, however, who seemed the only member of the team who was able to do anything with the bowling (scoring 24, not out), greatly to the disgust of the King's men, batted on vigorously and saved the "follow-on."

During this innings, while Guy's was in the field, Stamford had to adjourn to a—

"Hall beside the river which we bar."

J. J. E. Biggs taking his place and "fielding brilliantly throughout." Fortunately the Barret brothers did not come off, and affairs wore a rosier hue for us.

On resuming, Francis and Nicholls went in on a very much improved wicket. The latter, who was unwell, after making two was caught with the score at 16, when Francis was joined by Trouncer, who immediately began to punish the bowling, and amply atoning for his "blob" in the first innings. He lost Francis at 53, and was joined by Shorland, and after him by Hancock and Stamford. These four made the ball fly all over the field, the bowling being changed very frequently. Trouncer's performance was exceptionally fine. His innings of 62 was without a chance, and consisted of 2 fives, 11 fours, 1 three, 2 twos and a single. Six wickets had now fallen for 212. Joyce and Fitzhugh made another short stand, Joyce being the first to leave, making place for Simson, who was questionably caught, the ball being very close to the ground, for 5; stumps were drawn for the day at this point of the game, the score being 249 for 8 wickets.

On the following day Ham joined Fitzhugh, the not-out of Monday. The above-mentioned, with Loud, added 69 for the last two wickets in a little over one hour and a quarter, Ham scoring a good 26 not-out. Fitzhugh, who in both innings showed capital form, made 33, and Loud 21.

After a short interval King's went in again with a very heavy task before them, viz., that of making 390 runs, and this with only 10 men, as J. C. Barret was unable, through illness, to be present. However, they had nearly the whole day before them.

Barret and Barker went in again to face the bowling of Joyce and Hancock. Joyce's first delivery got Barret's

stumps into a shocking mess, and King's chance of winning the cup seemed to be getting more and more remote. After six overs Hancock made way for Nicholls, whose night's rest seemed to have brought him better form, for he was responsible for three wickets and a brilliant catch at slip which went right up in the air; he caught it with one hand as it came over his head from behind, after turning round and running with the ball. King's innings ended in rather a mournful procession to and from the pavilion. Their innings closing for 67, leaving us easy winners by the very ample margin of 323.

The bowling of Messrs. Joyce, Nicholls and Hancock seemed to entirely upset the King's men. Joyce's average for the match was three runs per wicket, having taken 12 wickets for 36 runs. In the first innings both Joyce and Hancock took two wickets with two successive balls.

The attendance was meagre in the extreme, there being present on either day certainly not more than 20 Guy's men.

The score was as follows:—

Guy's.

First Innings.		Second Innings.	
C. J. Francis c J. Webb b Bell	4	b W. L. Hay	21
R. B. Stamford c Bell b Hay	7	b W. L. Hay	32
F. J. Nicholls b Hay	6	c Bell b E. Barret	2
E. T. Shorland c Head b Bell	22	c Head b Hay	29
W. Hancock c Head b Barret	32	b W. L. Hay	47
C. A. Trouncer b W. L. Hay	0	c Shortland b J. Barret	62
J. H. Joyce c Webb b Hay	4	c Ahrens b E. Barret	29
H. Simson c Hay b E. Barret	7	c Bell b J. Barret	5
R. T. Fitzhugh, not out	14	b W. B. Bell	33
B. B. Ham b Hay	26	not out	26
F. Loud b Hay	1	c Bell b E. Barret	21
Extras	13	Extras	11
Total	136	Total	318

King's.

First Innings.		Second Innings.	
E. A. Barret c Nicholls b Joyce	4	b J. H. Joyce	0
J. C. Barker b J. H. Joyce	3	b J. H. Joyce	20
J. E. Barret c C. A. Trouncer b W. I. Hancock	10	absent.	
W. B. Bell b J. H. Joyce	0	b J. H. Joyce	6
K. Bell b W. I. Hancock	0	c Nicholls b J. H. Joyce	12
E. E. Head b W. I. Hancock	0	b J. H. Joyce	8
J. C. Webb, not out	24	c Trouncer b Nicholls	2
J. Shortland, c E. Shoreland, b J. H. Joyce	8	b F. J. Nicholls	9
A. H. Ahrens b J. H. Joyce	0	c B. B. Ham	0
A. E. Syme b J. F. Nicholls	4	b J. H. Joyce	0
W. L. Hay b J. H. Joyce	0	not out	0
Extras	11	Extras	10
	64		67

Bowling Analysis.

	O.	M.	R.	W.	N.B.	O.	M.	R.	W.	N.B.
Joyce	16	8	14	6	3	11	3	22	6	2
Hancock	12	5	28	3	0	6	0	22	0	0
Nicholls	3	1	11	1	0	4	1	11	3	0

GUY'S HOSPITAL RIFLE ASSOCIATION.

The United Hospitals' Cup was shot for at Bisley on Thursday, July 13th, and unfortunately we again have to chronicle the success of St. Thomas's, though Guy's was three places better than last year, being second.

The conditions at the firing point were different this year, the whole of each team being down at the same time, as we were allowed twelve targets. This arrangement, though finishing the match more quickly, prevented the accomplishments of the various teams being noted at the time. To fulfil the N. R. A. requirements the following five teams entered:—Guy's, St. Thomas's, Charing Cross, St. Mary's and King's, but the latter did not turn up.

Charing Cross was allotted the right, which, with the wind as it then was, gave them the advantage of not having smoke drifting across the sights while aiming; but, as will be seen from their score, it didn't do them much good. Guy's finished first with totals of from 46 to 63—total 327; and everyone adjourned to the left to see St. Thomas's finish. For them Robson and Child were putting on bullseyes with praiseworthy steadiness, making totals of 62 and 69 respectively. The order of finishing was:—St. Thomas's, 364; Guy's, 327; St. Mary's, 317; Charing Cross, 224.

Below are the individual scores:—

St. Thomas's.		Guy's.	
Beley	51	Telling	48
Stanley Kent	63	Jenkins	56
Tebb	63	Ashwin	46
Breckenridge	56	Major	51
Robson	62	Fulham-Turner	63
Child	69	Luce	63
	364		327

St. Mary's.		Charing Cross.	
Wall	44	Lloyd	42
Wells	55	Fry	11
Davis	61	Prideau	33
Wells	58	Clarke	35
Woodman	44	Street	43
Staples	55	Walker	60
	317		224

Marriage.

WHEELER—WHEELER.—On June 29th, at Ipswich, Queensland, Australia, James Atkin Wheeler, M.B., B.S., to Lilian Constance Wheeler, daughter of Daniel Wheeler, M.R.C.S., of Chelmsford.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Any of our Subscribers, who may be desirous of having their numbers of the Gazette *for 1892 bound, should leave them with the Librarian as soon as possible.*

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling *and* Sixpence

Guy's Hospital Gazette,

AUGUST 19, 1893.

In Memoriam.

ARTHUR ELLIS DURHAM, M.A., M.B., B.C. Cantab.

A sad gloom has been cast over the Hospital since the issue of our last number by the death of Arthur Ellis Durham, the eldest son of our Senior Surgeon, which occurred on Sunday, August 6th, at the London Fever Hospital, under singularly distressing circumstances. He was officiating, in the absence of his senior, as Resident Medical Officer, after an exceptionally severe year of practice, which left him in a most unfit state to contend with the virulence of the disease which caused his death.

On Wednesday, August 2nd, he somewhat suddenly complained of sore throat, and feeling otherwise unwell, took to his bed. The next day membrane appeared, but his condition in other respects gave no cause for alarm. On Friday, August 4th, the membrane had spread from the tonsils to the uvula and soft palate, and though he passed a restless night, it was not until Saturday afternoon that serious constitutional symptoms developed. And so early as this it was seen by his friends that there was little hope of his recovery, and thenceforward the disease rapidly gained ground, and terminated fatally on Sunday, August 6th, at 3 p.m.

So virulent an attack of diphtheria must have occurred within the experience of very few, and it seems especially sad that it should have picked out, at the age of 28, one with such promise of a successful career.

Receiving his early education at University College School, he matriculated with honours at the London University, and passed on to University College, where he obtained the gold medal in Zoology.

He then left for Cambridge, having been elected to a Scholarship at Christ's College in Natural Science, and, after the usual course, graduated with 2nd Class honours in Part I., and 1st Class honours in Physiology in Part II. of that Tripos. His leisure hours were occupied on the river, in which way he gave help both to his college, and more lately to the Hospital itself.

In October, 1887, he entered at Guy's, and after holding the usual appointments, including in 1889 Clinical Assistant and full Surgeon's Dresser, he was appointed House Physician in 1890, having won the Treasurer's Gold Medal for Clinical Medicine in June of that year. About this time he graduated M.A., M.B., and B.C. at Cambridge, his Thesis for which on the Mechanism of Heat Production was much commended by the late Regius Professor. In the spring of 1891 he went to Paris, and took up a course of Bacteriology under M. Roux at the Institut Pasteur; and on his return home, for the ensuing six months, became Clinical Assistant at the Bethlem Hospital. In October, 1892, he was appointed Assistant Medical Officer to the London Fever Hospital, and besides his ordinary duties there, he was, amongst other things, making investigations into the possible presence of protozoa in syphilitic lesions, which he believed himself

able to demonstrate, but these were all left uncompleted.

He was also engaged in the examination of the blood in scarlatina and in elucidating the ætiology of the tonsillar exudation. With this object numbers of cultivations were made, both from cases of this disease as well as diphtheria.

He had temporarily desisted from such matters previously to his death, owing to press of administrative work that fell on him in the absence of his senior. During his illness he received the kindest and most watchful attention from Dr. Washbourn, and Dr. Sidney Phillips, of St. Mary's, Physicians to the Hospital.

His great originality and energy of mind were somewhat veiled by a semblance of indifference, which led many to underrate his real capabilities, but those who were accustomed to attend the meetings of the Physical Society will well remember the brightness of his observations on the many various subjects brought forward. His kindly generosity endeared him to all with whom he came in contact, whether as friend or fellow-worker, and by the last of these not less than the first, his early death will ever be deplored.

Besides those who knew him personally, all Guy's men will truly sympathize with his family in their sorrow at his loss.

THE PHYSIOLOGY OF PAIN.

The localization of aches and pains is a subject to which little attention has been paid by medical men as a rule. We are so accustomed to hear from patients of pains here and achings there, which we cannot account for by the obvious disturbances of their functions, that we have been too apt to think that the localization of such subjective phenomena is determined by the whims of the patients, or by some circumstance only accidentally connected with the particular diseases from which they suffer. There are certain well recognised exceptions to this rule of course: the referred pains of vesical and renal calculus, of hepatic colic, of gastric ulcer, and of angina, have all been described with more or less accuracy, and are familiar to every one. But the physiology of these referred pains and of many others less well recognised, and the pathological significance that they may have, has lately been worked at systematically by Dr. Head, whose name is known to readers of Foster's Physiology in connection with the innervation of the lung and the effects of variations in the intra-pulmonary pressure. The results of his work are not yet published in toto; but they were the subject of a thesis read before the University of Cambridge last year, and of a paper read before the Neurological Society of London more recently. They are brought forward by Dr. Head as *experimenta lucifera*, as contributions to our knowledge of the processes of disease, and no stress is laid by him on the fruit that they may bear and their importance to the practical physician. Readers must not suppose that Dr. Head has proposed a short cut to diagnosis in every instance of bodily pain or tenderness. It will, however, be easier to discuss the significance of the work after a general outline of his views has been sketched.

Dr. Head takes up an idea suggested by Dr. Ross, that the pain in visceral disease is referred along the distribution of the somatic nerves which come from the same part of the cord as receives the afferent fibres of the sympathetic from the affected viscera. The viscera have afferent as well as efferent nerves supplied to them by the sympathetic. In disease of the viscera these afferent nerves communicate a disturbance to the corresponding parts of the spinal cord. There are nerves from the skin which come to the same segment of the spinal cord, and the slightest impulse conveyed by them to the disturbed segment is by it so

magnified as to appear painful. This is what is commonly called "reflection" of pain. Such interaction of nerve centres upon one another may be illustrated by the phenomena of "generalization." When a tooth aches the pain is at first localized to the tooth affected—the afferent impulses from the tooth at first act only on the nerve cells with which they are naturally associated; but, after a time, a process of diffusion or generalization takes place; the continued stimulation of one set of cells makes others which are associated with it more sensitive than they were before, so that slight stimuli to them become painful. Such slight stimuli are constant, and therefore there is constant pain felt over an area from which only stimuli—so slight that normally they would not be felt—are brought to the centre. In fact, one diseased tooth makes the whole side of the jaw tender, and sets up a neuralgia. The investigation of pain in visceral disturbance, then, becomes the investigation of the connections of the nerve centres in the cord, the centres for the viscera and the centres for the skin. This investigation Dr. Head has approached in ways that are entirely original.

He observed that with certain visceral disturbances, not only was pain referred to certain parts of the surface of the body, but certain areas of the skin were hypersensitive to pain. A patient with hepatic colic complains of feeling sore in certain places, of feeling bruised there, as if he had been beaten black and blue, or he feels as if the part was excoriated and raw. To test the limits of these tender areas, Dr. Head has found two plans most useful. He either raises a fold of skin between his finger and thumb without pinching it, or he touches the skin lighly with the head of a pin. If this is done within the limits of a tender area, the patient complains of being pinched in the former case, or of being pricked in the latter. Now, these areas Dr. Head finds to be constant and definite; he maintains that definite areas of skin, areas that do not overlap, correspond to each spinal segment. That they do not correspond to the nerve roots, he says, is the reason why they have hitherto not attracted attention. Because the distribution of tenderness does not correspond to the anatomical distribution of spinal nerves, as known to anatomists, the tenderness has always seemed to be indefinite and diffuse, when clinically it has been observed to exist. His contention that it is definite and precise in its limits receives confirmation from some independent work by Dr. Mackenzie, published in the *Medical Chronicle* a year ago, who found and marked out areas with definite boundaries, closely corresponding to Dr. Head's, which were tender in certain visceral disturbances. But more striking than this is the correspondence of the areas of tenderness with the areas of distribution of Herpes Zoster. The fact that Herpes Zoster does not rigidly follow the course of the nerves known to anatomists has frequently been remarked on. The girdle of Herpes Zoster often crosses several ribs and intercostal spaces in a course that is almost horizontal, and not at all in the line of the intercostal nerve, and so with Herpes in other parts. But, on the other hand, the distribution of the vesicles in this affection does correspond exactly, Dr. Head shows, with the areas of tenderness that he has mapped out. And not only so; there are points in each area where the tenderness, if present, is more marked than in any other part of the area, and to which pain is referred, when pain is felt in addition to tenderness. These maximum points are also the points of greatest intensity of the eruption in Herpes.

By means of an exact investigation of areas of tenderness and of the parts affected in Herpes Zoster, Dr. Head thinks he has made out exactly what part of the skin is supplied with nerves for the sensation of pain by each

of the spinal segments, from the first dorsal to the last sacral. To identify the spinal segments he makes use of various cases of spinal injury recorded by Mr. Thorburn and others. He then proceeds to go through the viscera, and by noting the areas that are tender in diseases of these viscera, he identifies the spinal segments that are specially connected with each of them. Without attempting to go through all of these areas, we may take one which will serve to illustrate the points. It is the area that corresponds to the sixth dorsal segment. It is composed of an almost horizontal band of skin, bounded in the middle line behind by the spines of the sixth, seventh and eighth dorsal vertebræ, and in front by a vertical line from the level of the ninth space to the base of the xiphoid cartilage. It runs round the angle of the scapula, and just below the breast. It is a common area to be affected by herpes, and in that case the line of vesicles starts from just inside the angle of the scapula, crosses the eighth rib in the scapular line, the seventh in the posterior axillary, the sixth in the anterior axillary, and the fifth in the nipple line. It presents two maximum points where the herpes is most severe or alone present, where tenderness is most marked, and to which pain when felt is referred; one is at the level of the seventh spine one and a half inches from the middle line behind; the other on the fifth rib one inch inside the nipple line. This area was markedly tender and the only one affected in a case of persistent vomiting during pregnancy, and is not infrequently affected in diseases of the lower end of the œsophagus and cardiac end of the stomach.

This is merely one, and perhaps not the most characteristic of his areas. Other areas are found to be tender or the seat of pain in diseases of the liver, of the prostate bladder or uterus, the ovaries or breast, or the heart or lungs. When the pleura or peritoneum are alone affected, then the skin tenderness is not present, and the tenderness that is present is only evoked by such pressure as will reach the parietal layer and cause it to be pressed against viscera.

The nerves that are sympathetically affected in visceral disease are the nerves of pain sense and of the heat and cold sense, and it is for these alone that the areas on the surface that Dr. Head describes hold good. The nerves of touch sensation are not apparently so localized in their distribution, or at any rate, as has often been observed, their areas overlap. The affection of the nerves for the sensations of pain, heat and cold, and not the nerves of tactile sensation in diseases of the viscera, is compared by Dr. Head to the affection of the same group of nerves in the disease known as syringo-myelia, or central gliomatosis.

These investigations are suggestive and remarkable, and if the results are confirmed by other observers, the discovery will be an important addition to our knowledge of the physiology of the nervous system. But, in addition to this, no doubt it will be of value clinically. The difficulty of applying the requisite tests and getting satisfactory answers from patients will be considerable, and in many of the more acute cases—the very cases, that is, in which the clearest results are to be expected—the patient is unable to answer at all. But it is not fair to judge of scientific work by its fruits. In Science, truths are the prize; fruits are incidental.

RECENT PUBLICATIONS.

Braithwaite's Retrospect of Medicine. Vol. CVII. January to June, 1893. 12mo. Simpkin, 6s. 6d.

Eccles (A. S.) Sciatica. 8vo. Macmillan, 3s. 6d.

Gowers (W. R.) Manual of Diseases of the Nervous System. Vol. II. Brain & Co. 2nd edition, 8vo. Churchill, 20s.

Gray (L. C.) Treatise on Mental and Nervous Diseases. 8vo. Lewis, 21s.

Jacobson (W. H. A.) Diseases of the Male Organs of Generation. With 88 illustrations. 8vo. Churchill, 22s.

"TO SPEND TOO MUCH TIME IN STUDIES IS SLOTH."

The editor of *Tit-Bits*, in last week's issue, apparently considers the most seductive of his wares an article on the victims of a strange and remarkable disease—men who do not want holidays. The Gazette can congratulate itself on its staff: they all present a clean bill of health on this score. One and all have a sound and healthy appetite for relaxation, and indulge it, or the present issue would have appeared before this. One of our correspondents sends no communication but a long letter from which the following is an extract:—"We have loitered over the heather for ten miles and have now climbed down the cliffs beyond the reach of even the agile sheep, on to a narrow ledge of rock overhanging the Atlantic. Like one who gathers samphire, we are hung upon the face of the cliff; but our object is simply to get away from everything that smells of civilization even, not to mention the Boro'. And there could be no place freer than this from that particular scent. Here we feel as no man ought to feel in the Boro'—if, indeed, he ever could—that we are in our proper element; as much as two kestrels are that we have been silently watching for the last hour. They came from behind a projection in the face of the cliff, and float through the air without seeming to move a muscle; then for some seconds they poise themselves in mid-air almost vertically below us, and then as mysteriously float out of sight. Their rich brown plumage shows up against the brilliant blue of the sea below, and it is almost difficult to believe it is not from an æsthetic appreciation of these colour contrasts that they hover in this particular position. The sun makes everything exult in its brilliance, the triple row of white breakers, the white sands, the gorse and the heather. These two plants make the hills in this part of the coast as brilliant in colour as a blood orange split open. The gorse is all of the dwarf variety, which grows with the heather in a tangled mass, as if each was bent in making the blending of their colours as intimate as possible. In all this, to compare small things with great, there is nothing but what any Londoner can see in Turner's 'Petworth Park' or 'Chichester Canal.' And yet it is here that one first fully realizes the delights of clean clear colour, and the exhilarating license of Nature in using them.

"The other senses are as richly feasted as the eye. The delicate apricot scent of the gorse is like the bouquet of a choice claret, for which one's palate has been prepared by the brine in the air more effectually than by the best olives. I should not forget to mention the suspicion, which is borne in upon our nostrils from time to time, of a cormorant's nest somewhere not far off, which has a wholesome effect in preventing our being made 'faint with too much sweet.'

"We have lain on this ledge in the shade, already nearly two hours, but we do not seem inclined to move yet. When we do we shall have about fifteen miles to walk along the cliffs, before we get back to the fishing village where we are staying, and as, whenever we come to a tempting place, we shall bathe, and whenever the slope of the cliff is favourable, we shall indulge ourselves in the childish sport of setting stones rolling races into the sea, it will be late before we get in. But our supper will be none the less acceptable for that; and if the twilight has passed into dusk by the time we are seated at the table in the garden over-looking the sea, there will still be timely flashes from the lighthouse half a mile off to light up our meal for a certain fraction of each minute.

"The bathing here is the greatest joy of all: when there is some sea on there is no place so good as the bay just at the foot of the light-

house, the beach there being made of the finest pebbles about the size of children's beads; it is so rapidly shelving that if you take the moment when a big breaker is just coming in, you can take a header into it from the beach without touching bottom. But when the sea is quiet, all along the coast there are shelves of rock running out into deep clear water, on which in this hot weather and soft air one can well spend a long time, half in and half out of the water.

"The last time we were down here we had a great excitement in the village: the coast guard reported the presence of a shoal of grey mullet in the bay about ten o'clock one evening. Every man in the village was out in ten minutes. Our landlord, who is himself half a fisherman, told us what was going on and advised us to get out on to the cliffs as soon as we could and not to miss the event of the year. When we did so, we found a knot of men armed with things looking like clubs, but which proved to be torches not yet lighted. There was a moon, and by its light we could see a dozen or so of boats putting out; corresponding to each boat was a man with a torch on the cliffs, and as each boat got free of the breakwater a torch was lighted. The reason for this was that the shoal could be seen from the cliff by the way in which the moonlight was reflected from the water. From the boats, of course, the fish were invisible. One by one the torches were lighted; their bearers set out along the cliffs, and one by one the corresponding boats followed them and took up their positions according to the movements of the torches by which they were guided. Very quickly the line of boats was so arranged as to enclose the shoal, the net was let down, and the boats, still guided by the movements of the torches, began to pen the fish in. Large boats, kept specially for the purpose, something like the barges on the Thames, were then rowed out by other men, and allowed to pass within the cordon. Then began the work of ladling out the fish. We did not wait to see this finished. But next morning we were told that so many thousands of grey mullet had been brought in, sold, and packed off to London, and that each man's share in the prize amounted to more than ten pounds.

"Such stirring events do not occur every day, of course; but for the jaded Londoner, at any rate, there is daily some change and new pastime."

COMMENTARY ON THE CASE No. II.

GUY'S HOSPITAL GAZETTE, JULY 22ND, 1893, PAGE 269.

The diagnosis was not a difficult one. Pyrexia of remittent type, and rising as high as 104° or 105° Fahr. in the absence of any specific fever or pneumonia, could only be due to suppuration, to malaria, or to acute tuberculosis. There was no tympanites or rose-rash and no other signs of enteric fever. The breathing and pulse were low, compared with the temperature, and there were no physical signs of disease of the lungs, no cough or expectoration, no marked pallor, and no cyanosis. Malarial fever with dysenteric ulceration was a not improbable diagnosis; but the diarrhœa had subsided, and the stools were now free from blood or mucus, and not particularly offensive; so that, although there had probably been dysentery in October, there was something more now.

The common sequel of tropical dysentery is suppuration of the liver, and with this diagnosis agreed the rigor, the degree and character of the fever, the loss of flesh and the sweating. The enlarged spleen confirmed the fact of previous malaria. The liver was also enlarged, but the local tenderness was less marked than usual.

There are, however, two kinds of suppurative hepatitis. A single large abscess (or perhaps two) often independent of dysentery, but confined as an idiopathic disease to the tropics, and

multiple abscesses, the result of portal pyæmia from dysenteric ulceration of the colon and rectum. The former resembles a suppurating hydatid, does not produce jaundice, and is capable of recovery. The latter resembles suppuration of the liver or lungs in general systemi pyæmia, and is of necessity fatal.

The absence of icterus left room to hope that the abscess might be single and "tropical" or "idiopathic," but the general symptoms were very grave, and in the absence of any local swelling, œdema, fluctuation or tenderness, it was judged inexpedient to puncture the liver at haphazard. The writer has seen numerous punctures thus made, in hope of reaching pus, entirely fail; and the judgment of the patient's medical attendant, a distinguished officer of the Indian army who had seen many similar cases, was decidedly against operation.

All, therefore, that could be done was to give quinine in full doses to relieve the pyrexia, opium enough to procure sleep at night and freedom from pain, and to apply local fomentations in hope of the abscess pointing externally. Abundant diluents were allowed, milk and farinaceous food was given, and a little brandy and water when feeling faint. The patient was also sponged with cold water twice a day.

The very day of the second consultation icterus began to appear, and although some of the symptoms had been relieved, the fever continued high, and the patient had lost flesh and strength. The prognosis which had been grave before was now practically hopeless, for every indication of multiple abscess was present.

Unfortunately no post-mortem examination was permitted, though it was earnestly sought. It is certain that pus would have been found in or about the liver, and almost certain that it would be in and not around that organ (cases of sub-diaphragmatic suppuration on the right side are usually due to gallstones, would probably have pointed, and would not be accompanied by jaundice). For the reasons above given there would have been numerous small abscesses scattered through the liver, portal thrombosis, and more or less completely healed ulceration in the large intestine.

CASE FOR DIAGNOSIS.

H. V. T. Man, 39, carman. Admitted for swelling and œdema of legs and abdomen. Mother died of consumption. Patient had rheumatism four years ago. Seven years ago he had syphilis, and the scars of tertiary ulcers remain on his legs. He has had pleurisy on both sides. Till one year ago he was a rather heavy drinker. For three months patient has been passing a larger quantity of urine than usual. For one week he has had dropsy of legs and abdomen.

On admission.—Patient is rather morose in manner. There is œdema of legs, abdominal wall and lower part of back. Temperature, 98°. Circulatory system normal, except that pulse is of rather low tension. Note on percussion over lungs is hyper-resonant, and breath sounds are faint, but otherwise normal. Tongue furred; appetite bad; abdomen full, not tender; no ascites; liver dulness up to fifth rib in right nipple line, and on inspiration its edge can be felt descending below edge of ribs, firm, smooth, not tender. Retinæ and optic discs, normal. Urine acid, sp. gr. 10·10, albumen (a large quantity —24 grains—in the 24 hours); no sugar; no blood; epithelial cells; granular and hyaline casts. Sixty ounces of urine passed in 24 hours.

Patient was in the Hospital, except for an interval of one month, for three and a half months, before he died. After three weeks in bed the œdema all disappeared. He was slightly constipated. On one or two days he had headaches, and occasionally he complained of pain in his loins. Twelve or fifteen small tender swellings developed in the subcutaneous tissues of the chest, abdomen, neck, back, thighs and arms; they averaged one inch in diameter, were moderately firm with ill-defined margins, soft in the centres, attached to surrounding parts; the skin over them became red, and over one was ulcerated, a few drops of pus exuding: they remained for two and a half months and became smaller and softer, some of them disappearing possibly from the specific treatment used: they were thought to be probably gummata.

The temperature was usually subnormal, 97° to 98°. During the last month of his life patient frequently vomited, and complained of continuous abdominal pain: his abdomen was equally tender all over, but there was no rigidity of the abdominal walls: he suffered from hiccough. A week before he died there was an attack of epistaxis, and occasional twitchings of the jaws and fingers. He wasted slightly, but on the day of his death had plenty of firm subcutaneous fat. A few days before he died, an erythematous rash becoming petechial

appeared on the flexor surfaces of his arms and on his face and neck. The urine was always acid, specific gravity 1013—1010; a large amount of albumen, the average quantity being 90 grains in the twenty-four hours, the amount being increased latterly; the urea averaged 300 grains per diem in the 4th month, 70 grains in the 7th month of the illness. At times, casts, hyaline and granular, were found in the urine with epithelial cells, but no blood.

The chief post-mortem appearances in this case will be published in the next number of the Gazette.

THE PROGNOSIS IN TUBERCULAR MENINGITIS.

(Continued.)

An analysis of the cases of this disease, indexed as having been admitted into Guy's during the last four years (1889—92, inclusive), gives the following results:—

A.	1. The disease was part of a miliary tuberculosis	in 22	cases.
	2. It was part of a chronic, but widely-spread process	in 4	„
B.	3. It was confined apparently to the meninges only	in 2	„
	4. Recovery occurred from the symptoms	in 3	„
	Total	31	„

I have ventured to indicate by brackets that the cases really fall into two main divisions, A and B. In the first the process is one of general infection, in the second the disease is localised. The cases of recovery are advisedly placed in division B, for it does not seem possible that they can belong to the first division; the very bad prognosis of acute miliary tuberculosis, or of advanced phthisis, added to that of tubercular meningitis must surely lead to a hopeless view being taken of the result. On the other hand, if the disease is local, a recovery should theoretically be possible. Unfortunately, the proportion of such localised cases is small (according to the above figures as 5 : 26, or about 20 per cent.). At first sight the division would appear to be of some practical importance when considering the prognosis; but its value is much decreased by the difficulty, which there often is, in deciding, even in pulmonary cases, whether acute miliary tuberculosis is present or not, a difficulty which is rendered much greater when the meninges are attacked, by the masking of the insidious symptoms of general disease by the cerebral condition. A case which clinically would appear to belong to division B. will, after death, often turn out to have wide-spread miliary tuberculosis; the opposite, however, does not hold, for the extent to which evidence is obtainable of tubercle elsewhere will naturally render the prognosis more and more hopeless.

The three cases of recovery from symptoms of basal meningitis above mentioned, added to two others which were present during last January, February and March in the clinical wards teach another important point, viz., that the recovery is often not complete. Thus, on making enquiries, by post and otherwise, of the subsequent history of the five cases, I elicited the following facts:—

No. 1 has been in an Imbecile Asylum ever since its discharge sixteen months ago.

No. 2 has occasional, but severe, headaches (nine months after recovery).

No. 3 has well marked internal strabismus (two months after recovery).

No. 4 (three months after her attack) is subject to severe attacks of headache, which may be brought on by laughing or taking any slightly violent exercise; she also gets movements of her right eye (sometimes also left), which are of a vertical oscillatory nature (? vertical nystagmus), and last for an hour or more at a time. The movements can be observed by those about her.

No. 5 is not traceable.

These results, added to the fact that Dr. Crichton Browne has found old tubercles in the meninges of confirmed imbeciles, make it evident that death should not be the only evil dreaded in the final issue of this disease.

The fact that, since January, 1889, there have been in Guy's five cases at least of recovery from what was at one time confidently thought to be tubercular meningitis, would not seem to be unusual. The records of such cases are frequently encountered in looking up the literature of the subject, and the number of unrecorded cases is probably very great. A similar conclusion may be obtained from private experience; thus, Dr. Pye-Smith has kindly furnished me with notes of three cases under his care, "of probable recovery from tubercular meningitis." Two of them occurred in November and December of 1881, and the reports will be found bound in Dr. Wilks' volume for the next year. The third was in Clinical in January, 1885. The second case, which was in Stephen 19, with "hyper-æsthesia and pyrexia, 104·5°, and vomiting," was, I find, soon afterwards re-admitted for chorea, so that the possibility of its having been nothing more than an aberrant attack of acute rheumatism should be considered. The other two cases are much more satisfactory.

This evidence of Dr. Pye-Smith derives its value rather from its being ordinary experience than from anything special about it. Probably most physicians, with as wide an experience as his, could quote three similar cases or more. It will readily be seen, therefore, that the total number of such cases must be considerable. Is it fair to assume that all these cases, or even the majority of them, are instances of mistaken diagnosis? If this were so the opposite result would surely also happen, viz., that an even larger number of patients would die of what during life was confidently but wrongly diagnosed as "tubercular meningitis." For all these cases must have been, at one time of their illness, at death's door, and it is scarcely conceivable that an even greater number should not pass through; yet it would appear that it is probably less common to have the diagnosis upset in the post-mortem room than to have it shaken in

the ward by the recovery of the patient. Is it not somewhat surprising that when such a recovery does take place, it, and it alone, is often considered sufficient to disprove altogether the views hitherto held as to the nature of the disease?

W. J. HARRIS.

Hospital News.

IN THE WARDS.

Philip 22.—G.B., æt. 49, admitted July 14th for pain in the back and limbs. Patient is a wheelwright by trade; had gonorrhœa thirty years ago, and had been a heavy drinker up to sixteen years ago, when he became abstemious.

June 30th he had pains in his legs and gnawing pain at the lower part of the back. During the next few days, he noticed that he could not walk steadily and felt as if he were "walking on sponges." He also said that his fingers were numbed at the tips, and that on putting his hands into cold water, the water appeared ice-cold.

On admission, plantar and patellar reflexes absent; no ankle clonus; no abnormal motor, nor sensory symptoms; no ataxy nor atrophic changes; no Argyll-Robertson pupil nor optic neuritis; and perfect control over bladder and rectum. Patient was put on potassium iodide.

Three days after admission he developed well-marked right facial paralysis. The diagnosis of probably early tabes was made. Patient steadily improved, and was discharged on August 5th; the facial paralysis having almost disappeared, with the right knee-jerk present but the left still absent.

The question of the facial paralysis being due to a syphilitic lesion such as a gumma was discussed, but Dr. Pye-Smith did not think that such was the case, because patient had not either (1) ocular paralysis, (2) patches of anæsthesia, nor (3) the anæsthesia out of proportion to the motor symptoms. But still, the disease having a syphilitic origin seemed probable, by his improvement under potassium iodide, and Dr. Pye-Smith drew attention to his cases of locomotor ataxy of specific origin, which he had cured by the administration of iodides or mercury.

Mary 26.—L. L., æt. 12, admitted July 25th, for pain in the back and inability to walk. She had always been a weakly child. Two years ago she fell out of bed, and from that time complained of pain in the back. For this she attended out-patients and had her back strapped, from which she experienced great relief. For the last few months she has been complaining of the pain in her back getting worse, and on July 23rd she had a very acute attack of pain in the back. July 24th she was brought up to out-patients, being able to walk, and it was then noticed that she had increased knee-jerks. July 25th, unable to walk. She has had incontinence of urine for a long time.

On admission, patient was anæmic, irritable, and emotional, crying out when touched or moved. Temperature, 102·8°; pulse, 110°; respiration, 32°. Examination of spine showed the most tender spot to be about the position of the third dorsal vertebræ, but there was no mark of any external injury, nor could a history of any recent accident be obtained. She had complete paralysis, but no anæsthesia, alochiria, nor analgesia of the lower extremities. There was no wasting of the muscles; incontinence of the urine and fæces. Muscles re-act to galvanic and faradic currents. No optic neuritis. 26th, 27th, and 28th July, patient remained as on admission, showing no improvement; 29th, rub over right side behind; fine crepitations over left base behind.

31st. Patient worse; plantar reflexes now absent; anæsthesia in both legs. August 1st, R. D. in both legs. Tubular breathing over the whole of the right side behind and angle of scapula on left side. Patient died 7 a.m., August 2nd.

Patient when first seen was thought to be suffering from a functional disease, Dr. Pye-Smith remarking that if the incontinence of urine and fæces occurred in an adult, functional disease would be out of the question; but in children not so much stress must be laid upon it, because it often arises in them from neglect and naughtiness. On July 31st Dr. Pye-Smith saw patient again, and considered that if she had been able by this time to move her legs, or if her arms had become paralysed, or there were some fresh tender spots, the disease would have been functional; but such was not the case, and there were now anæsthesia and R. D. in both legs. So patient's condition must be due to some lesion of the spinal cord.

Post-mortem examination showed the uvula covered with false membrane, extending on upper surface of epiglottis and along the aryteno-epiglottidean folds. Right lung almost entirely solid (grey hepatization), with a gangrenous cavity in the lower and posterior part of the upper lobe. Necrosis of the laminæ of the third, fourth, and fifth dorsal vertebræ. Cord softened opposite the necrosed vertebræ.

Philip 31.—J. B., æt. 32, admitted August 2nd, for a pustular eruption over the face, scalp, both thighs and right leg. This eruption was probably due to iodides, and is interesting, because of the small quantity taken, namely, 12 grains of potassium iodide, distributed over three days.

Philip 15.—R.M., æt. 28. *Pleuritic effusion.*—Previous history of cirrhosis and hæmatemesis. The effusion, which was on the right side, had been tapped twice previously, 42 ounces of fluid were removed on admission, but the physical signs still persist. He is subject to violent fits of coughing, which leave him unconscious. In commenting on this case, Dr. Goodhart said that when repeated tapping was necessary, there was something more than a simple pleuritic effusion at the bottom of it—? thickened pleura. He also added that he had met with cases in which coughing produced unconsciousness, and attributed it to venous stasis.

The three cases that follow are cases of abdominal tumour and would repay comparison—

PHILIP 17.—A.C., æt. 55. History of tumour extends over 12 months; pain fairly severe; some loss of flesh. There is in the right loin a fairly circular tumour about twice the size of the adult kidney; it is tense and somewhat elastic, giving the idea of fluid; an exploring needle however only drew off blood. Liver dulness is displaced upwards, as high as the fourth rib, but the hand can be pushed between the liver and tumour. *Urine* sp. gr. 1008—light 1002, urea, 8 per cent.; trace of albumen.

MARY 15.—E.M., æt. 16. Six months' history, beginning with diarrhœa and pain in the abdomen together with distension. On admission, there was an indefinite mass to left of umbilicus, tender on palpation. On rectal examination, a nodular mass is to be felt to the left of and behind the uterus, the abdomen is somewhat distended, but mainly below the umbilicus; no evidence of fluid; bronchophony and increased T. V. F. at right apex in front. Loss of flesh and alopecia. The abdomen is now becoming more distended. ? Tubercular or malignant disease beginning in the ovary and spreading to the peritoneum.

MARY 20.—M. C., æt. 67. Patient had had, two years back, an attack of left pleurisy, and had at the same time passed blood and mucus per rectum. She has had pain in the left side since December, which she says began with a strain. On examination, there is a hard resisting nodular mass in left hypochondriac region, which reaches to the outer border of the rectus and extends round to the loin. Manipulation does not very much increase the pain, which is constant and severe. There is a hard raised nodule, about the size of a crown-piece, on the ninth, tenth and eleventh ribs, external to their angles. Dr. Goodhart said that such severe pain pointed to something more than involvement of the kidney, possibly the adrenal body was involved in the growth.

A CASE OF COLLAPSE MISTAKEN FOR MENINGITIS.

A. W., aged 4 years and 10 months, admitted into Miriam at 10 p.m., Aug. 10th, for vomiting and restlessness.

History.—Two days ago vomiting, which came on early in the morning and continued throughout the day, after food. But for two days previously she had been moping, languid, and without appetite. Vomiting continued for two days and a half, consisting of "a little phlegm" after each attempt to take liquid food. Subsequently it appeared that a chemist with inf. sennæ, and the mother with castor oil, had been trying to open the bowels unsuccessfully: but on day of admission an enema brought a small motion away. Has been tossing about all day, vomiting, and appears to have pain in the head, which was first complained of yesterday. No history of blow or injury. No otitis; well fed. No one else ill of a large family, and does not appear to have eaten anything to disagree.

On admission.—Temperature, 98·8°; pulse, 132; respiration, 22. Well-nourished, limbs plump, and skin supple. Very restless, tossing about in mother's arms. Face livid, eyes very sunken, and eyelids discoloured. Abdomen markedly retracted, but supple. Impossible to keep clothes on in bed. No paralysis in eyes or elsewhere. Child is sensible but uninterested. Attempts to sleep with eyelids half-closed. Pupils moderately dilated and re-act to light. Rhonchi in both lungs. Given calomel gr. ii. st., and milk ʒiss. every hour. A provisional *diagnosis* of meningitis was made from pain in the head, restlessness, vomiting, retracted abdomen and constipation. Patient kept nothing down during the night; had some restless sleep. At 3 a.m., nutrient suppositories ordered every three hours, all retained.

At 10 a.m. Lying uncovered in bed, with cold extremities, irritable and restless on covering or attempting to examine her. Temperature, 99·2; pulse, 130; respiration, 48. Given nutrient enema of port wine, ʒi., beef tea, ʒi. Extremities and chest wrapped in cotton wool. Normal dark motion passed at 11. She asks for bedpan and nothing is now or subsequently passed under her.

At 3 p.m. Temperature, 100; pulse, 156; respiration, 48. Is not so irritable. Loud rhonchi and râles in both chests. Pupils re-act quickly to light.

At 7 p.m. Temperature, 103; pulse, 168; respiration, 46. More drowsy, but sensible, warm and sweating. An hour later (22 after admission), breathing suddenly changed to stertorous, and she was dead almost at once, apparently from syncope. Urine normal. Fundus oculi had not been examined.

At the autopsy, the brain was healthy as well as all the other organs. Death, therefore, would seem to be due to collapse, secondary to the vomiting, but the cause of the vomiting is obscure.

The condition is spoken of in text-books as spurious hydrocephalus, or hydrocephaloid. Sir Thomas Watson describes two or three very graphic cases.

Reviewing the case, a greater stress should have been laid in the diagnosis on the following points:—The emptiness of the abdomen compared with the general well-nourished condition of the limbs; the sunken eyes; absence of coma, paralysis, or any muscular twitchings, and the definite beginning and short duration without otitis. The restlessness, too, was greater than is found in ordinary cases of meningitis, and is such as is common in the collapse induced by great loss of blood, or by very profuse diarrhœa. It is very rare that a child five years of age passes into this state so quickly, especially as the result of vomiting. We could not determine a cause for the vomiting, and probably some toxic food products, which induced this, at the same time reduced the cerebral powers to a state of collapse.

Passim.

There is much to recommend the suggestion made in a letter we publish to-day, to the effect that the Nursing Staff should be able to take books out of the College Library. We thank the old Guy's man for his pertinent suggestion. He has come back to Guy's with eyes not dull from use and wont, and has put his finger on a weak point, which we might not have detected. The Nurses may not have so much leisure for reading as Students; but there must be times, at any rate, when they would be glad to have free access to as good a set of books as there is in the College Library.

We have always thought that those who stay up at Guy's through the burden and the heat of the summer were richly rewarded. It comes about in several ways. In the first place, London is like other places in being more enjoyable then than at any other time of the year. Then the club is not inconveniently crowded during the summer holidays, and things go more smoothly in consequence. But more important than these trivial considerations is the fact that it is so much easier to keep up with what is going on in the Hospital. The Surgical Staff is reduced for the time, so that there are not four or five operations on interesting cases going on at one and the same time.

It is remarkable, however, that the holidays and hot weather make so little difference in the attendance of Students at Out-Patients. There have been very good congregations on some of the hottest days lately.

The heat is rather a thrashed out subject; but, without apology, and for the benefit of friends who have not been in the Surgery during the hot weather, we can assure them that the fire that is necessary to supply the hot water there, is not necessary for any other purpose—just at present, at any rate.

It was with great regret that an old Guy's man, whom we saw the other day, heard that the game of quoits was no longer played in the park. He had been a great lover of the game in his day, and said that the residents a few years back used to play matches daily. There is much to be said for quoits; although, for ourselves, we prefer a game that does not involve so much mud on our hands. It can be played without any special preparation, in boots, and with only one's coat off. It is best played for not more than half an hour at a time; and, while not violent, is still good exercise. At the same time we thoroughly appreciate the motive of the orders that it should not be played on the excellent green crop of grass which is grown every year with so much trouble, and which really does great credit to the hospital gardeners. But there is still a "glory corner" where no such crop is grown, and which is reserved for the occasional beating of carpets. There would be room to play there if a narrow strip of ground along the south wall of the park could be reserved for the purpose.

It would be necessary in that case to have the two pegs one on each side of the end of the path, and to throw across the end of the path. This would not seriously disfigure the park, and if the Clubs' Union would provide a few barrowfuls of clay to put down round the pegs, the ancient game of quoits would soon be played as scientifically and well as other games are at Guy's.

By the kindness of Brigade-Surgeon Lieut.-Col. G. J. H. Evatt, we are able to publish this week an interesting article on an interesting subject. It is accompanied by a plan from a block that has already done excellent service. We are not quite sure that the plan will come out distinctly in every detail, but that it will be distinct enough there is little doubt.

We are sorry not to have been able to include in our issue an article sent us by an old Guy's man on the scandals recently divulged in a court of law. Some medical men applied to be relieved of their liability in respect of founder's shares fully paid up, which they had accepted in return for recommending the medicated wines of some company that got into trouble. Some pertinent remarks on their conduct were made by the judge, and our correspondent thinks that they should suggest serious reflections to all interested in the medical profession. That such things should occur and have to be brought to light is very lamentable; they are best not dwelt on. But there is another way of looking at such a revelation, which our correspondent is conscious of, apparently, though not so strongly as we are inclined to be. He describes the various hypocrisies and follies that our elder brothers in the profession very commonly practise, and most reasonably deplores them. "The indication is," he says, "to educate the world to an appreciation of genuine medical skill." Quite so. We remember the irate gentleman's exclamation in an old farce, "The World's a Fool." It is because three-quarters of the people in the world are fools that so many of the remaining quarter are knaves; though the knaves, of course, are the right people to punish when you can, as the knaves themselves see to the punishment of the fools, and, besides, there are fewer of them. The case of Mr. Wells, of Monte Carlo, called forth some pertinent remarks on this point from another judge, if we remember rightly. So long as the "world is such a fool" as to pay people handsomely to poison it, we cannot be surprised at people availing themselves of this way of making a living.

We are indebted to Dr. Pye-Smith for the commentary on a case given in our last number.

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

Dr. L. W. D., Northampton.—The specimen is one of phlegmon of the skin. There are no anthrax bacilli. Near the centre of the inflamed area is a hair follicle, with its sebaceous glands, and the specimen looks like an isolated spot of tinea sycosis. The appearances are quite consistent with the view that the inflammation has been set up by infection of pyogenic or other irritating micro-organism, which has reached deeper parts of skin by way of a hair follicle.

Dr. E. W. W., Hitchin.—The specimen you forward is a squamous epithelioma. The nodule felt was composed of masses of epithelial cells, between which was a small amount of vascular connective tissue, containing numerous leucocytes. There are many cell-nests in the epithelial portion. The growth apparently starts from a centre below the epidermis, possibly from a hair follicle, and has pushed aside as well as infiltrated the hair follicles, &c., at the margin and the subjacent muscle. At one part it is ulcerated on the surface. In the lymphatic spaces between the fibres of the orbicularis palpebrarum, at short distances from the main portion of the growth, are small masses of epithelial cells.

Dr. A., Tunbridge Wells.—Specimen of sputum received July 21st contains a large number of tubercle bacilli.

Dr. E. R. M., Hastings.—There are many tubercle bacilli in this specimen of sputum.

J. E., Middlesborough.—There are many tubercle bacilli in the sputum forwarded.

S. W. M'I., South Petherton.—No tubercle bacilli can be found in this sputum. Before negativing tubercular mischief in lung, the examination of one more specimen would be advisable.

PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. Hunt, Gazette, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

GUY'S HOSPITAL DENTAL DEPARTMENT.

Practice during July, 1893.

Gold Fillings	... ...	212
Amalgam ,,	... ...	267
Osteo ,,	... ... Plastic	
Perm. G.P. ,,	... ...	
Artificial Crowns	... ...	21
Scalings	... ...	18
Dressings	... ...	100
Attendances for Mechanical Appliances	... ...	14
,, Extractions under Anæsthetics	...	413
,, ,, without ,,	...	411
Advice	... ...	90
Total	... ...	1546

FINAL CONJOINT EXAMINATION.

JULY, 1893.

PASS LIST.

MEDICINE, SURGERY, AND MIDWIFERY.

*Davies, H. *Instone, N.

MEDICINE AND SURGERY.

Chaning-Pearce, A. Phillips, R. E. G.
Park, W. C. C.

MEDICINE AND MIDWIFERY.

Leathes, J. B. *Williams, F. E.

SURGERY AND MIDWIFERY.

Grove, W. R. *Lawton, W. C.
*Sharp, A. J.

MEDICINE ONLY.

Card, A. H. Lulham, E. P. H.
*Compton, J. H. Mills, T. I.
*Cresswell, S. C. Simpson, F. H.
Jimenez, G. *Taylor, J. W.

SURGERY ONLY.

Biggs, J. J. E. Hovenden, A. C.
Collis, A. J. Hovenden, G. S.
*Coulson, J. E. Jewell, W. H.
Dixon, W. H. Lawrence, G.
*Edwards, F. H. *Lockyer, G. E.
*Eyre, J. W. H. Meyrick-Jones, H.
*Hacquoil, P. H. *Worts, S. E.

MIDWIFERY ONLY.

*Bearblock, P. E. Philps, F. G. M.
Coleman, J. G. B. *Wilson, F. W.
Hunt, E. Winter, J. B.

*Denotes completion of examination.

FIRST CONJOINT EXAMINATION.

ELEMENTARY ANATOMY AND PHYSIOLOGY.

Carter, A. H. Smith, H. V.

ELEMENTARY ANATOMY ONLY.

Jones, R. O. Knight, F. C. R. M.
Pedley, J. K.

ELEMENTARY PHYSIOLOGY ONLY.

Brookhouse, C. S. Fryer, E.
Treusch, J. B. A.

CHEMISTRY AND CHEMICAL PHYSICS.

Anderson, C. T. Fryer, E.
Clarke, W. E. J. Rowlands, R. P.
Crosby, A. E. B. Stabb-Johnson, E. W.

MATERIA MEDICA AND PHARMACY.

Anderson, C. T. Hort, E. C.
Balderston, R. Horton, W. A.
Burton, C. G. Lower, N. Y.
Burton-Brown, G. Mayston, R. W.
Cleveland, A. J. Mottram, G. N.
Clowes, E. F. Nicholson, C. R.
Daly, N. Ormond, A. W.
East, W. N. Peile, H. D.
Fitz-Hugh, R. T. Plummer, W. E.
Goldie, F. W. Powell, A. W.
Hicks, H. T. Pritchard, W. C.
Hitchfield, A. R. Reynolds, L. G.
Hitchins, F. C. Sweetlove, J. W.
Hodgson, C. R. Williams, F. E.

(Regulations dated 1st January, 1892.)

ELEMENTARY ANATOMY.

Barker, H. J. M. D. S. Fox, H. W.
Bedford, G. H. Harrison, S.
Falwasser, A. T. Owsley, G. C.

ELEMENTARY BIOLOGY.

Croneen, A. Lower, C. A.
Fell, R. Miller, A. A.
Fox, H. W. Walling, H. W. B.

CHEMISTRY AND PHYSICS.

Batchelor, F. S. Marsh, H. R.
Berncastle, H. M. Miller, A. A.
Chapman, C. L. G. Mossop, C. H.
Dixon, J. O'Meara, E. J.
Evans, Edward. Pennington, S. B.C.C.A.
Falwasser, A. T. Regnart, H. C.
Fowke, W. C. Thornely, M. H.
Goddard, E. G. Walters, J. B.
Hunter, P. D. Watt, J. G.
Jones, J. H. Way, M. H.
Weekes, C. P.

PRACTICAL PHARMACY.

Clapham, S. C. Gough, B. B.

UNIVERSITY OF LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE.

HONOURS.

ANATOMY.—THIRD CLASS.

Harnett, C. J. Thomas, T. M.

PHYSIOLOGY AND HISTOLOGY.

FIRST CLASS.

Harnett, C. J. (with Exhibition and Gold Medal).

ORGANIC CHEMISTRY.

FIRST CLASS.

Mumford, W. G. (with marks qualifying for the Exhibition).

SECOND CLASS.

Harnett, C. J.

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY

FIRST CLASS.

Harnett, C. J. Mumford, W. G. Thomas, T. M.

THIRD CLASS.

Hora, J.

PASS LIST.

SECOND DIVISION.

Butler, A. G. Haylett, P. H.
Cann, F. J. H. Pike, N. H.
Ferraby, H. P. Spon, H. J.

EXCLUDING PHYSIOLOGY.

SECOND DIVISION.

Ashwin, R. H. Steinhaeuser, J. R.

PRELIMINARY SCIENTIFIC (M.B.) EXAM.

PASS LIST.

ENTIRE EXAMINATION.

FIRST DIVISION.

Bruce, H. W. Telling, W. H. M.
Fagge, C. H. Walker, F. E.

SECOND DIVISION.

Alexander, K. B. Milton, W. T.

CHEMISTRY AND EXPERIMENTAL PHYSICS.

Berry, T. P. Handson, L. E. C.
Bridger, J. D. Jensen, E. T.
Ruzzak, S. A.

BIOLOGY.

Andrew, E. G. Marriott, O.
Fox, H. E. Moon, A.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—Might I suggest that the Clinical for the week should be allowed to share the privilege of the two Dressers for the week, viz.: of obtaining his meals in the College, at the expense of the Hospital. All who have held the post will agree in thinking that his work is as trying as that of the two Dressers, who have also four colleagues to assist them, and in many cases he hires a room for the week near the Hospital, thus involving additional expense, which to many of us is a serious consideration. As to whether this question has been previously discussed or not I must plead ignorance, and sign myself

NOT ONE OF THE CLINICALS.

Sir,—In anticipation of the ever-green wail against our College Examiners, I should like to state that, in my opinion, I deserved the six months' reference I obtained at the last examination. My name and address I would willingly place at your disposal, but such an admission as the above would, I fear, ruin my hospital reputation, and leave me a self-convicted liar. —I must therefore beg leave to sign myself,

OS. INNOMINATUM.

Dear Sir,—On July 17th, I shared, with many others, the pleasure of a visit to my old Hospital. My attention was called to the College library, and I find it difficult to express my admiration for the very excellent collection of books, and for the very excellent individuals to whose energy and good judgment that collection is due. The latest additions, representing, I believe, an expenditure of about £20, are charming in every way, and it would indeed be difficult to find another similar library so liberally chosen, in more senses than one; so tastefully bound; so conveniently situated; and with a subscription within reach of all. And yet, I understand, that but a small percentage of our medical students are subscribers. Now, I would humbly make a suggestion, viz.: that the Hospital Nursing Staff be allowed to make use of the library, on similar terms to the hospital men. I feel sure that to many it would be a very great boon. Certain difficulties which at once suggest themselves might be easily solved by having a few catalogues printed for distribution in the wards; and the titles of books selected might be put in a box, placed for that purpose in the colonnade, which should be large enough to hold both outgoing and incoming volumes, the change being made, perhaps, twice a week. I feel sure the extra work involved would not be grudged by those concerned, in view of the large amount of pleasure which I think might be thus given to many.

Apologising for my interference in what so little concerns myself—I remain, yours truly,

R. A. S.

Sir,—There are three things I detest, patriotism, athletics, and the medical student. I have the misfortune to belong myself to the latter class, and, as you may well imagine, my position in hospital society is at times uncomfortable. Reasons unheard in the heat of argument—and, Sir, in an argument I fear both athlete and patriot—may be read and perhaps digested by an empty stomach when committed to print. As to patriotism, I maintain that it is a game for boys, and by your leave, Sir, I fancy myself a man. I had thought to have donned the toga virilis at a university, yet there are but few who will recognize me in that garb. I would venture to assert the claims of the individual. Is he not swallowed up in the patriot, who at the best is but an emotional creature, and a tool in the hands of the cheap journalist, who plays on his feelings to his own profit. The question might bear discussion; but æsthetic reasons alone must for ever deprive the patriot of my sympathies. Athletics—they are the pleasures of the animal, and again, Sir, by your leave, I could hope the animal is extinct in me. I did once play at cricket. I regret it much; but I was so very young then. Now, not till I have drawn down the evening blinds, can the cricket column have any sneaking interest for me.

The athlete, too, would hold the monopoly of conversation. Were it possible, I would transfer the patent nearer home; but I fear Sisyphus will end his task ere mine is scarce begun. As the vegetarian draws his strength and stay from his cabbage, so from my intellect. . . . .

Here, Sir, I may say, in parenthesis, that a rude, yet somewhat threatening laugh near my shoulder warned me I had said enough, so against the medical student I have not declaimed, lest the small minority I have left in peace, should turn, and the hospital be compelled to lose its brightest ornament, for, Sir, I feel I am but an ornament.—Yours, very humbly,

THE EGOTIST.

P.S.—I need scarcely add that it would cause me much pain were my name to become the property of the mob.

A VISIT FROM PROFESSOR TEUFFELSDRÖCKH.

We have had a communication signed "T.," which we have reason to believe is from no other than the great Professor Teuffelsdröckh himself, although by an allusion to himself in the course of his remarks, he makes a somewhat artless attempt to conceal his unmistakable identity. He heads it, "The Tendency of the Times," and among many precious passages the following occur, our selection being made to include those that have most direct bearing on the virtues and vices of our readers. The rest we reserve for future use.

"Dr. Wilks," he says, "may congratulate us on the selection of a noble profession; but when we take scrupulous care to make the working man's time and health

subservient to the temperature of our own afternoon tea, the impeachment seems to fall rather flat. 'Why, of course, he can come up to-morrow and see the H. S., twenty-four hours are of no consequence'; or, 'Let him put a penny into an automatic machine, and get his vision tested that way if he wants glasses, instead of coming and bothering us at out-patients.' It *may* yet be that the lion will lay down with the lamb, but the chances are, as I know not who suggested, that when he does so it will be with the lamb inside him.

"When the year 1893 is buried, and its epitaph set up, there will be one word writ so large, and graven so deep, as to glower forth to future ages when all the rest is effaced by Time's rude hand, and that word is TALK. East or west, week-day or Sunday, when, or wherever we fly, the rain of rhetoric, the tosh-torrents and flood-fountains of gibberish descend, pour forth and flow from a thousand throats, and no man to gag them!

"The Professor of Weissnichtwo sought to shear away with keen logic-sabre, the deceitful clothes-thatch wherewith man invests himself; but where is the Teuffelsdröckh that shall smite in sunder this new Hydra of our times? Would that all the gas uttered in the last twelve months could be collected and gathered together in one huge balloon! Surely would we set fire under it and utterly explode, combust, decompose and resolve it into its constituent elements of truth and falsehood again. Thus in some measure should we clear the ground to start afresh.

"And what of the Medical Students of to-day? No worse; an average struck from a large number would probably shew him to be much better than his predecessors. Two things, however, strike us. In our junior days we were always wont to shew a certain respect to our seniors, drunk or sober; they said unto us: Go—and in the vast majority of instances we went. The foundations of our practical knowledge were laid by them. *Nous avons change tout cela.* Nowadays, the meanest Ward Clerk that breathes, so far from testing urines or taking temperatures (menial offices!), soars aloft on pinions cemented by the aid of Walsham, and will assist, unasked, his dressers to repair any gaps in their knowledge of the obscure medical mysteries of lardaceous disease and tubular breathing. His wide experience of optic neuritis becomes a treasure as precious to his H. S. as it is indispensable to himself. At out-patients you cannot examine a tumour, but twenty tiro hands are straightway thrust into it, to punch, pull, twist and squeeze it in twenty different directions at once, amid your dumb astonishment. So much for that. Again, it seems to us that with the beardless boys that now leave school for hospital, many a privilege and responsibility that their predecessors have worthily enjoyed and profited by, will soon have passed from them into the hands of old women of both sexes, unless they speedily awaken to assert the one, and shew themselves more capable of assuming the other. It is a strange and curious sensation for a quadruply qualified practitioner, grave and respectable, æt. 25, to be told he must not question nor examine anyone at out-patients in the absence of the Assistant-Surgeon from the room, but truth is always stranger than fiction. Wonders will never cease, so long as man, the standing miracle of this world (to say nothing of woman in man's clothes) continues. Man is what his ancestors have made him, and what we are, our children will be hereafter. Consider and know, thou vain man, that in all thy glory thou art but a cipher, the merest droplet in the illimitable ocean of SPACE; fall on thy knees and pray heaven that thou be not utterly forgotten and lost in the bottomless abyss of two confluent eternities!"

"T."

That this is the Professor himself surely there can be no doubt. Who is there capable of such noble "Seelenschweiss," which, being interpreted, is soul-perspiration?

THE EVOLUTION OF THE ARMY MEDICAL SERVICE.

By Brigade-Surgeon Lieut.-Col. G. J. H. EVATT, M.D., A.M.S.

The organization of the Army Medical Service must always have much interest for the civil profession of Medicine in England, for the army medical officers are recruited direct from the civil profession, and not as in many foreign countries from military medical schools, organized solely for the special purpose of training medical officers for the army.

It should also be borne in mind that the military medical service is by far the largest body of medical men employed and paid directly by the supreme government of the empire. While other medical men are employed by county councils, municipal corporations, local boards of guardians, or even by colonial legislatures, the army medical officers are the servants of the central imperial government, and the rights, the status, the duties, the privileges enjoyed by the army medical officers must react in a considerable degree on the medical profession generally, and guide to a certain extent the action of minor governing bodies in their dealings with the physican class.

A marked evolution has taken place in the position, duties and responsibilities of the military surgeon in the past 40 years.

If we take the Crimean war as the period of our first enquiry, we shall find the medical officer of that time commissioned on battalions and regiments, and practising his profession there exactly as in civil life. He had at his back his colonel, the adjutant, the quartermaster and the men of his battalion to help him in most of his responsibilities, and he fell back on them for help and assistance in any time of strain or anxiety in war.

The hospital was a regimental hospital of which the colonel was the governor; the paymaster, the treasurer; the quartermaster, the storekeeper; and the rank and file, the nurses; while the doctor was simply the visiting physician or surgeon.

He had no command power, no military authority, no discipline duties, no financial responsibility and little or no administrative functions.

In the leisurely wars of the time the sick were carried back to the regimental hospital from the battle-field, and there recovered or passed away to general hospitals, organized out of scratch materials at the base of operations.

In the Crimean war the English army did not move ten miles from Balaclava, their base during the whole of that tedious and most fatal campaign. Nearly all the medical officers were with their regiments in the Crimea, while at Scutari, the historic base hospital, a mass of wounded and sick collected, and its confusion, its chaos, and its maladministration will remain for all the future years the type to be quoted of what a badly organized military hospital can be. Thus, in the mid-winter of 1854-55, there were 2,500 patients in this hospital and only ten military surgeons for duty, each with 250 patients seriously ill and wounded to care for.

The cooks are said to have been only 12 in number. The washing of the hospital linen was three months in arrear, and in January, 1855, the hospital deaths in a single month were 1,473 (fourteen hundred and seventy three).

As a result of this frightful war, the medical service was in 1858 greatly improved in pay, status and authority, and for the first time it was officially recognised as a sanitary body charged with preventive duties in guarding the soldier from sickness, that is to say, the medical officers were allowed to point out disease causes.

The medical service worked on a regimental basis up to March, 1873, when after the crash of the Franco-German war a great reform took place in the medical organization. Modern wars are so rapid, so quickly pushed forward, that it had become quite impossible to tend to the sick and wounded in regimental hospitals.

Sick and wounded encumber an army very much, and it is essential to free the front of all such men as soon as possible, and to render this possible the medical service was in 1873 autonomized and received a large measure of home rule or self-control. The regimental hospital was in that year abolished; the commissioning of medical officers in regiments and battalions ceased. All medical officers were merged into one great medical corps; a body of non-commissioned officers and men were given them to work the station hospitals, which were founded to replace the abolished regimental hospitals, and in 1877 definite military command power was given to the medical officers over themselves, their corps, and the patients in hospital.

The whole administrative control, payment, store-keeping and management of the hospitals thus passed into the medical officers' hands, and they remain to-day the masters of their hospitals in every detail.

This refers to peace routine.

In war an entirely new method of work has been designed and is gradually being brought into work.

When a campaign is imminent a medical officer is posted to each battalion and regiment to afford first aid on the battle-field to the regimental wounded, and to be the sanitary adviser of the regimental commander in all matters connected with the health of his men. There is no regimental hospital.

From the battalion sixteen men are chosen as ambulance men, viz., two men per company, who are trained in first aid, and who work with the medical officer in giving primary help on the field.

But the duties of first help given on the field by the regimental medical officer are very hasty and very slight. In fact he can do very little, because the battalion is moving onward, and he must follow it. It was at this point that in all our wars great trouble to the wounded resulted. As late as the Alma, in 1854, the regimental wounded lay on the battle-field for two days, and owing to there being no hospitals behind the light regimental hospitals, the wounded delayed the advance of the army, and paralysed its fitness to move forward after the enemy.

To-day we are in a different position. Immediately behind the battalion help, a new corps organization of the medical service begins. We have developed since 1873 the "Bearer Company," a purely medical unit, which, with medical officers and men of the Medical Staff Corps, with blankets, food, instruments, stimulants, and transport waggons is pushed on to the battle-field, and takes over the wounded from the battalion help on the field.

The regimental surgeon now knows that his wounded will not be neglected; but they will pass at once into trained and disciplined care, and he may hurry onward with his battalion.

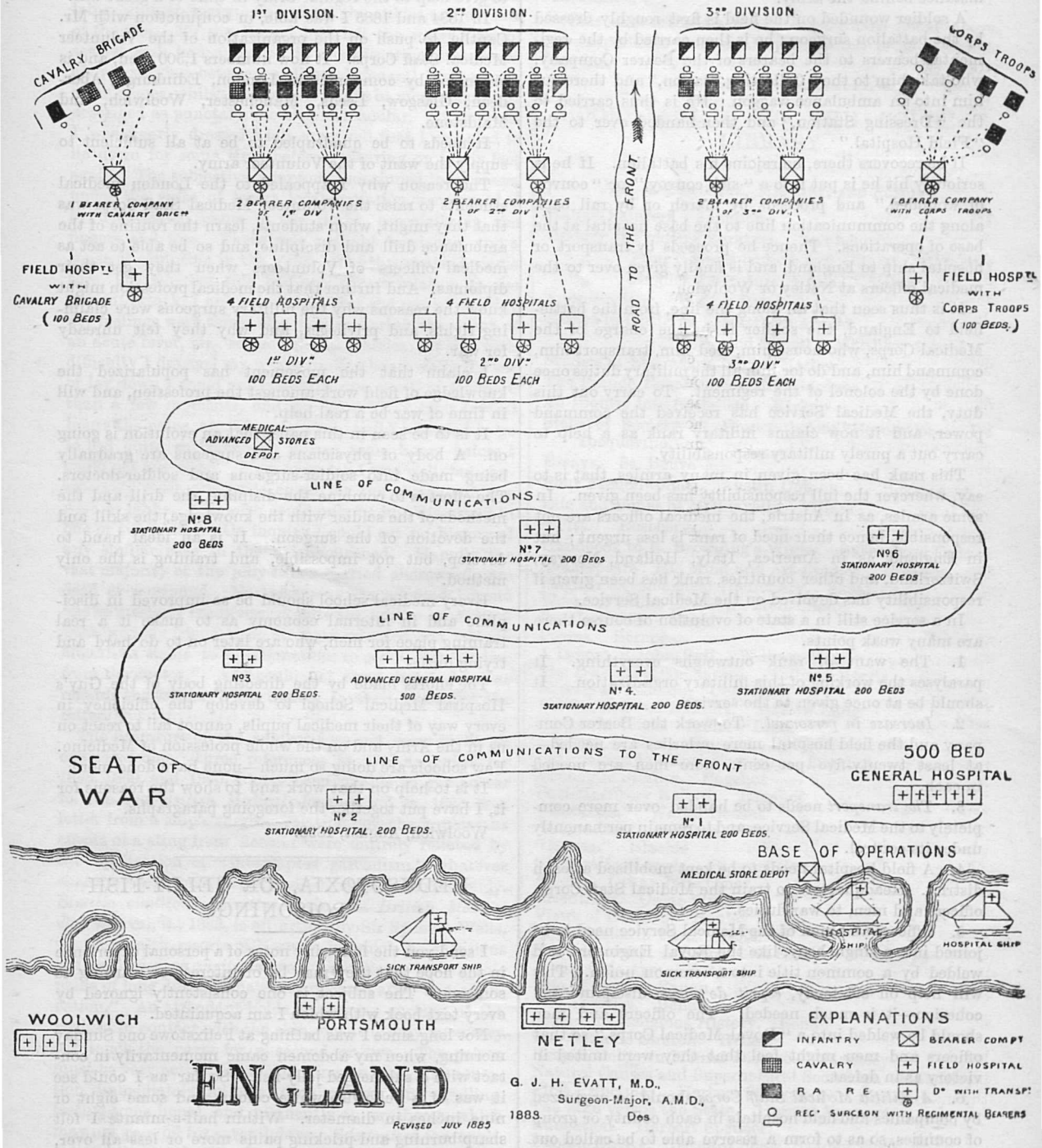
Had such a unit existed at the Alma the army might have advanced free from wounded and pushed on at once after the retreating enemy, and perhaps ended the war. But behind the Bearer Company, which is the ambulance aid on the field, comes the "Field Hospital."

This is a purely medical unit, each equipped for 100 wounded, and with all the equipment—blankets, instruments, and medicines—packed in waggons and able to be carried in the immediate rear of the army.

A field hospital has 4 officers, 1 quartermaster, and 34 men of the Medical Staff Corps, and is supposed to be ready at once for the reception of 100 wounded on the field. These field hospitals to the number of from ten to thirteen, are with every army corps, and should be as mobile and as complete as a battery of artillery.

They are pitched on the field in tents and take over the wounded from the Bearer Company, which hurries on after the army and rejoins it, ready for the fight to-morrow.

Of the spare field hospitals with the army, a certain number are pushed forward to take the place of those filled with wounded, which halt on the battle-field and eventually become stages on the line of communication, until they are emptied of their wounded, and they then rejoin the army in the front.



G. J. H. EVATT, M.D.,
Surgeon-Major, A.M.D.,
1888. Dos

REVISED JULY 1885

Their places on the line of communication are taken by the stationary hospitals, which move up at a further distance behind the army.

A soldier wounded on the field is first roughly dressed by the battalion surgeon; he is then carried by the regimental bearers to the bearers of the Bearer Company, who take him to the "Collecting Station," and there put him into an ambulance waggon. He is thus carried to the "Dressing Station," and then handed over to the "Field Hospital."

If he recovers there, he rejoins his battalion. If he is seriously hit he is put into a "sick convoy," or "convoy of wounded," and proceeds by march or by rail back along the communication line to the base hospital at the base of operations. Thence he proceeds by transport or hospital ship to England, and is finally given over to the medical officers at Netley or Woolwich.

It is thus seen that all along the line, from the battlefield to England, the soldier is in the charge of the Medical Corps, who house him, feed him, transport him, command him, and do for him all the military duties once done by the colonel of the regiment. To carry out this duty, the Medical Service has received the command power, and it now claims military rank as a help to carry out a purely military responsibility.

This rank has been given in many armies, that is to say, wherever the full responsibility has been given. In some armies, as in Austria, the medical officers are not responsible, hence their need of rank is less urgent; but in England, as in America, Italy, Holland, Norway, Switzerland, and other countries, rank has been given if responsibility has devolved on the Medical Service.

In a service still in a state of evolution of course there are many weak points.

1. The want of rank outweighs everything. It paralyses the working of this military organization. It should be at once given to the service.

2. *Increase in personnel.* To work the Bearer Company and the field hospital more orderlies are needed—at least twenty-five per cent. more men are needed in each.

3. *The transport* needs to be handed over more completely to the Medical Service, and to remain permanently under its control.

4. A field hospital needs to be kept mobilised at each district. Headquarters to train the Medical Staff Corps, officers and men, to war duties.

5. Officers and men of the Medical Service need to be joined into a single body, like the Royal Engineers, and welded by a common title into a common union. This will help on efficiency, *esprit de corps*, discipline and cohesion—it is much needed. The officers and men should be welded into a "Royal Medical Corps," so that officers and men might feel that they were united in victory as in defeat.

6. *A Militia Medical Staff Corps* should be organized by companies and field hospitals in each county or group of counties, so as to form a reserve able to be called out as a help in time of war.

7. The Volunteer Medical Service should be fully developed, so as to provide for the Volunteer army, and to give help to the regular army in time of a great war.

In 1884 and 1885 I was able, in conjunction with Mr. Cantlie, to push on the organization of the Volunteer Medical Staff Corps. It now numbers 1,500 men, and is organized by companies in London, Edinburgh, Aberdeen, Glasgow, Leeds, Manchester, Woolwich, and Maidstone.

It needs to be quadrupled to be at all sufficient to supply the want of the Volunteer army.

The reason why I appealed to the London medical students to raise the Volunteer Medical Staff Corps was that they might, when students, learn the routine of the ambulance drill and discipline, and so be able to act as medical officers of Volunteers when they get their diplomas. And further that the medical profession might know the reasons why the military surgeons were claiming rights and privileges, and why they felt unready for war.

I claim that the movement has popularized the knowledge of field work amongst the profession, and will in time of war be a real help.

It is to be seen in this paper that an evolution is going on. A body of physicians and surgeons are gradually being made into soldier-surgeons and soldier-doctors. The effort is to combine the disipline, the drill and the methods of the soldier with the knowledge, the skill and the devotion of the surgeon. It is an ideal hand to develop, but not impossible, and training is the only method.

Every medical school should be so improved in discipline and in internal economy as to make it a real training place for men, who are later on to do hard and trying duties.

The efforts made by the directing body of the Guy's Hospital Medical School to develop the efficiency in every way of their medical pupils, cannot fail to react on us in the Army and on the whole profession of Medicine. Few schools are doing so much—none have done more.

It is to help on that work and to show the reasons for it, I have put together the foregoing paragraphs.

Woolwich, August, 1893.

MEDUSOTOXIA, OR JELLY-FISH POISONING.

I send you the following notes of a personal experience in the hope that they may be of interest or warning to someone. The subject is one consistently ignored by every text-book with which I am acquainted.

Not long since I was bathing at Felixstowe one Sunday morning, when my abdomen came momentarily in contact with a submerged jelly-fish. So far as I could see it was of a yellowish-white colour, and some eight or nine inches in diameter. Within half-a-minute I felt sharp burning and pricking pains more or less all over, together with tingling sensations usually considered

as peculiar to the breech of a peccant schoolboy. These phenomena were pretty general, but were much better marked in certain regions, viz., the abdomen, wrists, loins, gluteal region, and about the ankles and dorsum of the foot. By the time I had left the water a bright scarlet rash had appeared in the situations mentioned above, varying between a diffused general erythema in some places, whilst in others it might be more accurately described as punctate, mottled or macular. By the time I was nearly dressed I felt so unwell that I was glad to lie down for some time before venturing on to my feet again. The subjective symptoms continued to increase, under the guise of severe local irritation, accompanied by deep-seated pains in the limbs, especially in the fingers and toes. There was a slight headache, and a sense of confusion in the mind. The throat also became sore, but whether this had any direct relation to the present attack, I am uncertain. For the rest of the day my feelings were those of a person during the onset of an acute fever, viz., severe general malaise. It was with difficulty I dragged my weary limbs about, while if I sat or lay down I could not maintain one position for more than a few moments, and got no relief. After several hours the pains abated somewhat, and I was glad to go to bed quite early, though it was some hours before I could get any sleep. Next morning I was well, but considerably wiser, and quite cured for the present of any wish to bathe. The rash could only be just discerned in one or two places. On inquiry I could get no history of any similar case in the neighbourhood. Happily the vast majority of the jelly-fishes carried shorewards are dead or moribund. No treatment was adopted beyond one of masterly inactivity, despite the advice of a sympathetic lady friend, who strongly exhorted me, "If my blood was liable to inflammation, to get a dose or two from the doctor." As I could not come to a decision as regards the former, I was unable to avail myself of the latter.

The literature of the subject does not seem to be an extensive one. Three references to *The Asclepiad* for 1888, 1889, and 1890, I have been unable to get access to. In the *British Medical Journal*, vol. ii., 1888, is a letter from a ship's surgeon relating how the unpleasant effects of a sting from *Actinia* were entirely relieved by the application of "interrupted galvanism," whatever that may be, from a battery which happened to be handy. *Similia similibus curantur?* In the *British Medical Journal*, vol. ii., 1882, is an article by Sir Spencer Wells, on the health resorts of Norway, in which he mentions the use of *medusa aurita* as a counter-irritant. "Neuralgic pains of long duration have disappeared after one application." An attendant holds the under surface of the *medusa* in contact with the skin, but it is only necessary to "touch the parts for a second or two. The poison must be very active, for a smarting and burning sensation immediately follows; then redness and swelling, lasting some hours, and frequently an erythema which may not pass off for several days. Soon after the application the patients often feel shocks, described as electric, in different parts of the body, and head-symptoms, varying in character and duration, are not uncommon."

This account bears out the symptoms noted above. The experience was certainly a new one to your humble servant,

A. J. S.

BOOKS ADDED TO THE COLLEGE LIBRARY.

Art, Literature, History, and Science.

Italian Painters. Jameson
History of French Literature. Saintsbury
" Four Georges (vols. 1 & 2). Justin M'Carthy
" English Literature (4 vols.). Taine
Appreciations. Walter Pater
Essays in Criticism. Matthew Arnold
" " (2nd Series). Matthew Arnold
Studies in Literature. John Morley
The French Revolution. Mrs. Gardner
An Inquiry into Socialism. Kirkup
State of Society in France before Revolution. De Tocqueville.
Essays. St. Beuve
Four Frenchwomen. Austin Dobson.
Life and Times of Michiavelli. Villars
"Pitt." Rosebery.
Handbook to R. Browning's Works. Sutherland Orr
Shakespeare: His Mind and Art Studies. Dowden.
English Etymological Dictionary. Skeat.
Works of Heine (6 vols.). Heinemann
Res Judicatæ. Birrel
Poems. Beranger
A Dream of John Bull. William Morris
The Defence of Guenevere. William Morris
History of Fashion. Challamel
Letters to Dead Authors. Andrew Lang
Essays in Little. Andrew Lang
Literary Studies. Bagehot
Postulate of Political Economy. Bagehot
Economic Studies. Bagehot
Parliamentary Reform. Bagehot
"Rabelais." Walter Besant
"Cervailtes." Oliphant
"Burns." Blackie
St. Ignatius Loyola. Stewart Rose
Poems. Othay Jane Omar
Intentions. Oscar Wylde
Views of Reviews. Henley
Englishman in Paris. Robinson
B. G. Rossetti: A Record and Study. W. Sharpe
Book of Martyrs. Foxe
Life of Jesus. Renan
The Apostles. Renan
Studies in Religious History. Renan
The Catholic Church. Renan
Responsibility in Mental Disease. Maudsley
Natural Causes and Supernatural Seemings. Maudsley
First Principles. Herbert Spencer
The Man versus the State. Herbert Spencer
Education. Herbert Spencer
Fabian Essays. Bernard Shaw, Sydney Webb, &c.
Compromise. John Morley

The Creed of Science. Graham
The Life and Labour of the People (4 vols.) Chas. Booth
Essays on Great Subjects (4 vols.) Froude
Darwinism and Politics. Ritchie
Prolegomena to Ethics. Thos. Hill Green
Chief Works (Bohn, 2 vols.) Spinoza
The World as Will and Idea. Schopenhauer
Enigmas of Life. Greg
The Germ Plasm.
The Criminal.
Electricity in Modern Life.
Education and Heredity.
Volcanoes: Past and Present.
Manual Training.
Man of Genius.
Primitive Folk.
Modern Meteorology.
Grammar of Science.
Evolution of Marriage.

FICTION.

Blue Pavilion. Q.
Story of my Heart. Jefferies
Little Minister. Barrie
House with Seven Gables. Hawthorne
The Snow Image. Hawthorne
Père Goriot. Balzac
Cousin Pons. Balzac
Duchess de Languis. Balzac
Eugenie Grandet. Balzac
Sons of the Soil. Balzac
César Brotteau. Balzac.
Doll's House, &c. Ibsen.
Ghosts, &c. Ibsen
Lady Inger of Ostrat. Ibsen
Emperor and Galilean. Ibsen
Rosmersholm, &c. Ibsen
Peer Gynt. Ibsen
Master Builder. Ibsen
The New Arabian Nights. Stevenson
Tess of the D'Urbervilles. Hardy
History of David Grieve. Humphry Ward
Robert Elsmere. Humphry Ward
The Downfall. Zola
The Dream. Zola
Undine. De la Motte Fouqué
Bondsman. Hall Caine
Group of Noble Dames. Hardy
In God's Way. Björnstierne Björnson
Pierre and Jean. Guy de Manpassant
The Chief Justice. Emil Franzos
Work while ye have the light. Tolstoi
Fantasy. Serao
Footsteps of Fate. Couperus
Pepila Jimenez. Valera.
The Commodore's Daughters. Jonaslie
The Heritage of the Kurts. Björnstierne Björnson
Donna Luz. Juan Valera
Laocoon. Lessing
Minna von Barnhelm. Lessing
Nathan the Wise. Lessing
Barrack Room Ballads. Kipling
Departmental Ditties. Kipling
Tartarin on the Alps. Alphonse Daudet.
Tartarin Tarascon. Daudet
Mdme. Crysantheme. Daudet
Kings in Exile. Daudet
Evangelist. Daudet
Sister Philomene. Daudet
Frankenstein. Mrs. Shelley

APPOINTMENTS.

DAKIN, W. R., M.D., has been appointed Physician to the General Lying-in Hospital, *vice* Dr. Cullingworth, resigned.

DONNELLY, W. T. B., M.B , B.S. Durh., L.R.C.P. Lond., M.R.C.S., has been appointed House Physician to the Brompton Hospital for Consumption and Diseases of the Chest.

PERRY, C. R., M.D. Brux., L.R.C.P., L.M. Edin., M.R.C.S., has been re-appointed Medical Officer of Health for Sandgate.

ROBERTS, JOHN D., M.R.C.S. Eng., has been appointed Surgeon to the Ealing Cottage Hospital, *vice* W. C. Steele, M.A. Brux., resigned.

SILK, J. FREDK. W., M.D. Lond., M.R.C.S., L.S.A., has been appointed Anæsthetist and Instructor in Anæsthetics to King's College Hospital, *vice* Charles Moss, resigned.

VERNON, J. J. D., M.R.C.S., has been appointed Medical Officer of Health for the Audley Suburban Sanitary District of the Newcastle-under-Lyme Union, *vice* R. Vernon, resigned.

Marriages.

BETTINGTON—HARRIS.—On June 28, in the Chapel of the King's School, Parramatta, N.S.W., James Brindley Bettington, jun., eldest son of J. B. Bettington, of Brindley Park, Merriwa, N.S.W., and of Oatlands, Parramatta, to Una Mary, daughter of the Rev. E. Harris, D.D., Head Master of the King's School.

CAPES—THORP.—On July 25, at St. Peter's, Dulwich Common, by the Rev. H. J. Pully, M.A., assisted by the Rev. W. P. Beckett, M.A., Robert Capes, M.R.C.S. Eng., L.R.C.P. Lond., youngest son of H. H. Capes, Esq., of Belmont, Harrogate, to Mary Isabel, eldest daughter of Dr. Sidney Thorp, Lordship Lane, Dulwich.

HOPSON — THATCHER.—On August 9, at S. Mary Abbots, South Kensington, by the Rev. J. S. Clementson, M.A., Montagu Frank Hopson, L.D.S. Eng., of Grove House, Rosslyn Hill, Hampstead, N.W., youngest son of Joseph Hopson, The Croft, Newbury, to Eva Kate, second daughter of John Thatcher, Enbome, Newbury.

LANSDOWN—GRIFFITHS.—On August 9, at Holy Trinity, Kilburn, N.W., by the Rev. W. R. Woollen, M.A., uncle of the bridegroom, assisted by Rev. Sidney Gurney, M.A., Robert G. Poole Lansdown, M.D., B.S., of Clifton, Bristol, to Alice Anna, daughter of the late Thomas Griffiths, of Cardigan.

Death.

DURHAM.—On August 6, at the London Fever Hospital, of virulent diphtheria, contracted whilst on duty as Acting Resident Medical Officer, Arthur Ellis Durham, M.A., M.B., B.C. (late scholar of Christ's College, Cambridge, and student of Guy's Hospital), aged 28, eldest son of Arthur E. Durham, F.R.C.S., of 82, Brook Street, W., and Guy's Hospital.

Guy's Hospital Gazette,

SEPTEMBER 23, 1893.

ON OUR COMING OF AGE.

On Tuesday, October 1st, 1872, the Guy's Hospital Gazette began its career. It first appeared as a four-page leaflet; but success was immediate, and the editors were able to double its size in their second issue. Thus, from the very first, the Gazette found that loyal support from Guy's men which has never failed it since.

We have thought it well to reprint to-day the original introduction and benison with which our predecessors committed their venture to the goodwill of its readers. We print it because its perusal will bring into full relief the continuity of design, and the oneness of aim, which have obtained in the Gazette throughout its history. More than four hundred numbers have seen the light since that first editorial was written; but the aims and hopes associated with every column have remained the same.

We trust that some, at least, of those who occupied the editorial chair twenty-one years ago will read the present number. They will admit, on glancing through the bound volumes on their shelves (for *they*, surely, will have seen to the binding; even, it may be, in the extravagance of calf and morocco!) that their original hopes have not been falsified.

The first editorial was very moderate in tone, and eminently practical. Its compilers put forth no schemes for moving the Universe; they did but express their trust that the new venture might prove useful and pay its way. It has done both, in excellent measure, and perhaps a little more.

One of the advantages of a constant change of editorship is that no one writing in these columns need be deterred from retrospective praise. It becomes so purely impersonal. But, even in this, our Coming of Age Number, it is more becoming that we should write with a modest pen, as did our pioneers and founders. Let our retrospective satisfaction be as moderate as were their prospective hopes!

We *have* been useful, and we *have* paid our way. The former claim is, to a large extent, self-evident, from the fact of our continued existence. With regard to the latter, we may be permitted to boast that, in this very year of grace wherein we reach our majority, we have been for the first time appealed to as a financial power in the Medical School; and have been allowed to finance the residents in the matter of a new piano (security and interest being satisfactory, mark you!).

But, after all, the real significance of the history of the Gazette lies in the strong evidence which it bears to the spirit of enterprise in our Medical School. This it may fairly claim—it is, and has been, an expression and measure of such enterprise. The latter may have been dormant for a time, even as was the Gazette; but it has always been there. Exceptional in itself, it has produced, among other good things, a product almost unique, at any rate as regards continuity of effort, in the history of student-journalism.

The form of our paper has varied from time to time, as was to be expected. It began with a weekly issue. Later, in 1875, one year after the Physical Society had accepted the responsibility of editorship, an enlarged monthly form was tried, and was continued until 1879. At this date, as is well known, the Gazette disappeared for some years, so that it cannot claim to continuous history; but, as we wrote the other day, the suppression was due to an excess, not to a lack of vitality. When the journal reappeared in 1887 it was in its present guise of a fortnightly. It has always grown in circulation, and, we hope, in efficiency.

We do not intend to say more of the past contents here. Some kindly friends have been ransacking old volumes, and we shall publish before long certain special articles on "Guy's Poets" and "Guy's Humourists," and so forth, as the result of their labours. Meanwhile we are more concerned about the future; we are beginning to worry about our jubilee number in 1922!

The future progress of the GAZETTE must depend upon a steady increase in the number who write for it. "Many pens"—that is the whole gospel of a domestic journal! We preach it once again because of the newcomers into whose hands the present issue will fall. We must not depend on the literary man with skill in sentences and "*le mot juste*," though we would fain hear from him, of course; especially if he bear the birth-mark of the poet. (We have always been so strong in poetry!). But we want also the man who has that special knack of knowing all the local news—him who keeps an eye on whatever is of interest to Guy's men. We want to hear from our players (regularly, please, gentlemen), and, finally, we are not averse to the funny man, if only he has, so to speak, been vaccinated, and has the disease in a modified form ("*Que les gens de l'esprit sont bêtes!*" said Beaumarchais, and he is sometimes right). But, in the words of old Coke, "*Multi multa, nemo omnia novit*," it takes many to chronicle the complex life of Guy's.

FROM THE GUY'S HOSPITAL GAZETTE, No. 1, PAGE 1.

"In launching this little sheet—which it is intended to publish weekly—we, the Editorial Committee, wish to draw the attention of Guy's men to what our present intentions are.

"There can be little doubt but that there has been a great want of some medium of communication between one class of Guy's men and another. Guy's Hospital is a large place, and it is quite impossible for any student to expect to be cognisant of all that takes place within its walls.

"It is therefore obvious that every student misses much that is interesting, and that a great many things take place in the Hospital, from which he might derive useful information, but which it is impossible for him to see, simply because he is not ubiquitous. It is, therefore, our intent to bring before each student an account of everything of interest that passes at Guy's, so that he may, as it were, have his powers of observation multiplied.

"As this paper will be published weekly, we shall be enabled by its means to inform students of many things which are to take place during the ensuing week, and thus enable him to make better use of his time than he otherwise could do.

"We would ask all Guy's men to aid us with every information they may think will be useful to their fellow-students. To the Surgical, Medical, and Clinical Clerks we shall look for reports of remarkable cases; to the P.M. Clerks for notes of interesting autopsies, and to the others, each in their several departments, for an account of such facts as they may come across in discharging the duties of their own several appointments, and may think likely to prove of value to others. And we trust that all Guy's men will do their best to support and aid our undertaking, which has as one of its prominent objects the formation of a closer bond of union between the several classes of students than the usual course of study now tends to produce.

"It is perhaps scarcely necessary to say that money-making is not an object, and all that the promoters of this little paper hope for is that sufficient patronage will be extended to it to enable it to pay its way.

"We do not wish this paper to consist of two or three special articles, strung together by clever brains, but rather a statement of facts that have occurred or are about to occur in the Hospital; and though our first number may seem to be meagre in the *news* it conveys, yet we hope as our sources of information become multiplied, to collect in future numbers all the news that may be of value to students.

"Our pages will also be open to letters from Correspondents, and we shall always be happy to answer, as far as lies in our power, any questions that may be put to us in that form.

"Our advertising columns will also be open, at a cheap rate, for all students who may have any articles of a professional character to dispose of.

"We would draw special attention to the column entitled "Our Note Book," containing, as it will do, the most important aphorisms let fall from the lips of our teachers, and which up to this time have been heard only by the few who chanced to have been present at the time they were spoken, but now will be given to all through the medium of this paper.

"With regard to the accuracy of statements contained in our pages, we can only say that in every case we shall endeavour to do our best to publish only news obtained from reliable sources, and to verify our reporter's statements as much as possible. Should, however, any inaccurate statements appear in spite of our care we will always correct the mistake in our next number. But in no case do we hold ourselves responsible for opinions expressed in any communication which may be addressed to us.

"We conclude by wishing all old students a welcome back to work again, and no less a hearty welcome to those new students who come among us now for the first time.

"We earnestly hope that this little publication may have such a tendency as to enable us the better to work

through the ensuing session, and with a unity and a harmony that will cause us in after life—far away it may be from the scene of our present labours—to remember with pleasure the days of our studentship, when the helpful co-operation of our fellow-workers made the time pass so pleasantly and profitably."

CLINICAL LECTURE ON A CASE OF SENSORY APHASIA.

By Dr. NEWTON PITT.

The patient is a coach-builder, aged 70, who for thirty-five years has been aphasic. The history of the onset is that he had a sudden attack of right hemiplegia and aphasia, with unconsciousness. He recovered the use of his limbs after a few weeks. At first he was completely aphasic and speechless, but gradually he regained the use of a few words, and has laboriously re-educated himself and learnt the names of objects; but his language still presents remarkable deficiencies. At this distance of time it is useless to speculate on the exact nature of the lesion.

At present he is in good health, and his speech has not altered since he was under observation in 1888.

Voluntary speech.—He is very voluble and rapid in speech; he pronounces words well; his articulation is good; he does not use wrong words, but his vocabulary is very limited, and he uses curious paraphrases. He uses gestures freely, and with care it is possible to follow his meaning. He generally says "me" for "I"; his sentences consist chiefly of nouns, adjectives and verbs, and are disconnected from one another.

He understands what is said with difficulty. Sometimes he appreciates at once, at others he requires each word to be repeated singly several times, and often repeats each word after you before he can take in its meaning. When asked what is three times two he cannot either repeat or understand. He counts forwards quickly and well; backwards, after an effort, slowly but correctly. He can add mentally slowly. If he can repeat a sentence he understands it. He can pick out coins and give change correctly. He is able, but with difficulty, to add up sums of money correctly.

He can scarcely *repeat* anything said to him. This defect is most marked. Almost each word must be repeated several times by itself, and then he will at last repeat it correctly. He has the greatest difficulty in receiving impressions, but he does not use wrong words, as is so frequently the case with aphasics, and when *reading* he pronounces each word out loud, and follows with his finger, otherwise he cannot read. He pronounces the words sharply and accurately. I think he understands most of what he reads, but certainly not all. He can, after reading a short sentence, at once repeat it, but cannot do so after a short interval.

His capacity to read and to understand it, is far superior to his capacity of speech.

He names familiar articles correctly, after a moment's hesitation.

When told to pick out articles named, he does so fairly well; but failed when asked to pick out a hand-bell on the table. He pointed to the wall by the fireplace, but seemed rather uncertain as to what was required. After the bell had been rung he named it correctly, and then could pick out the bell.

He can *write* fairly well voluntarily, and *copies* even complex sentences correctly, but without complete comprehension.

He writes from *dictation* with the greatest difficulty and imperfectly.

He is quite unable to sing, although formerly he was very musical. For years he has with the greatest perseverance re-educated himself and written down the names of objects; he has also learnt to write and count. He is still able to make neatly elaborate drawings of coaches, although discouraged from doing so by his children, and therefore he has not practised it. He has not, however, tried to sing.

Hearing and vision (presbyopic) are good.

He cannot write or repeat even the most familiar or simplest sentence from memory, and he can with difficulty recall the names of his children. He does not know where his daughter, with whom he is now staying, is living; but he can, after much thought, gradually evolve the address of her sister in Manchester, where he lives permanently. He can write down an address when he is told it, and can read it readily. When asked to repeat the sentence, "I talk better than formerly," the result was the following: "Ah! you said no, but not precise. Ah! that is funny thing. Ah! that word—that word. No; no chance. No; the funny thing. Shame! Shame!" This expresses his annoyance at his complete inability to repeat the sentence.

His method of expressing himself is well shown in the following letter, which he wrote upon his return to Manchester:—

Dear Sir,—Half Past 12 o'clock night King's Cross London Station, all the road and Thursday morning at Manchester quarter Past 6 o'clock to London road to Deansgate and 8 o'clock to Laura K talking for Information about London news to the oldest daughter Mrs. N next week New House. Now Thursday afternoon at Trafford Road and rest me self bed. Friday two or three times writing to you, you a gift, for quickness for writing but myself very slow. Friday afternoon to the works near Broughton Joseph C & Co and young Sydney N—the Manager at the Coachbuilders. I arranging to Monday morning, but this Saturday morning myself very tired cough and Persevering your Bottle for Plureesy, and my age 69 and at the works Buisness active or none there—this now 6 months nothing to do—but now stops myself for running up stairs at the works. I am rather smiling rather big Job writeing to you and the second day Saturday meself bigest Job to write to you—I sent small Piece of City News inside your Note—

'How to Live two Hundred years'

Dr. Pitt then drew attention to the following points.

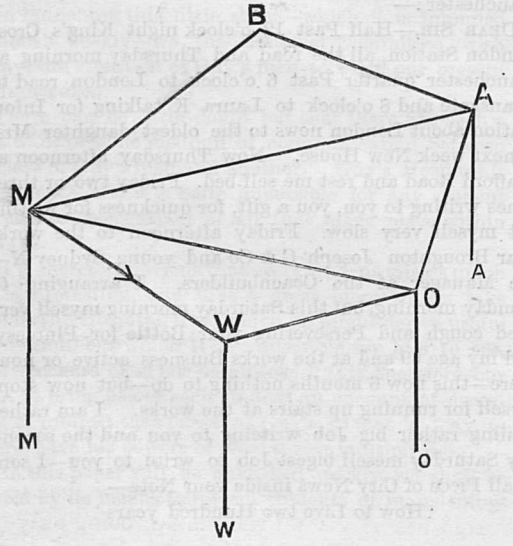
The cerebral processes associated with language are very complex, and are still but imperfectly understood. There is a sensory by which language is received, and a motor by which it is uttered. In most instances these processes are localized on the left side of the brain, but in a few, *e.g.*, left handed people, on the right side. The *motor* processes, as first pointed out by Broca in 1861, are localized in the posterior part of the third frontal convolution, but whether the lower part of the ascending frontal and the Island of Reil should be included, is still uncertain. The sensory consist chiefly of two series: *auditory* perceptions, which are stored up in the posterior part of the first temporo-sphenoidal lobe; and *visual*, which are stored up in the supramarginal and angular gyri. From these centres pass the stimuli to the various ganglia in the pons and medulla concerned with the function of speech.

Defects of speech will correspond to lesions in these cerebral areas, and to such, apart from merely defective articulation, the term *aphasia* is applied. The term *motor aphasia* is applied to defects in the emmissive mechanism, and *sensory aphasia* to defects in the apperceptive portion, *word-deafness* being the term applied to the loss of auditory memories, and *word-blindness* to the loss of ocular.

The centre for regulating the mechanism of writing is in the posterior part of the second frontal convolution, and corresponding defects are included under the term *agraphia*.

Defects in language will result from a lesion in any of these cortical centres or in their intercommunicating fibres, and as the lesion may be large or small, the alteration in speech may vary from an occasional loss or misuse of a word, through gibberish, on to absolute speechlessness.

In order to attempt to localise lesions, the construction of the following diagram of Lichtheim's may be of service.



Let B represent the ideation centre, O the visual, A the auditory, M the motor centre for speech, and W for writing; A, W, M and O representing the ear, hand, tongue, eye. Draw the following lines to represent the connections between the various parts, AA, WW, and OO, AA. The auditory centre is the first to develop, and is intimately connected with B; with M the motor centre for speech; and O, the visual centre. The mechanism for writing is complex; disease of the motor centre M is found to abolish the power of writing, hence W is connected with M and O, and not directly with A. In children, and those who read imperfectly, O is connected with M, and not with B directly, and this without the intervention of the auditory word-centre A, such people invariably move their lips in reading; but those who read with facility have also a direct tract, O B.

The *visual word-centre* O is intact if (6)—(11) are normal, and the *auditory word-centre* A if (1)—(6) and (14) are normal.

Inability to read, as an isolated symptom, is due to a lesion of the centre O, but it may also, in some patients, be part of the result of a lesion in M.

When the *centre* A is destroyed the patient is unconscious of the mistakes in speech he makes, and he is unable to understand words he may hear.

When only the *tract* A M is defective, which would result from a lesion in the Island of Reil, the patient is conscious of a mistake, and there is also *verbal amnesia*—*i.e.*, a difficulty in recollecting words.

When the *tract connecting* O *and* A is damaged we should expect (5), (6) and (11) to be more or less imperfect.

Destruction of M, *the motor speech-centre*, causes more or less complete loss of voluntary speech, and of the power of repetition, and a still greater loss of the power of writing, as this process is more complex, and is dependent upon the motor mechanism of speech. There is also more or less impairment of the power of reading in proportion as the patient is badly educated; but an accomplished reader scarcely uses the centre M for this purpose. The patient can still understand what he hears, and can copy correctly. These defects (9) and (11), in *writing* due to a lesion in M, also follow a lesion in O; a lesion in A will impair (11), while (9) is preserved.

No such diagram is capable of explaining all the facts met with in aphasia, but yet it may assist in forming a conception of the relations of the various factors to one another. It must be also borne in mind that authors are not agreed as to the exact tracts which are involved in each process.

The following tests should be applied to all cases of aphasia (the tracts involved are indicated in brackets):—

1. Volitional speech ... ... B M M
2. Repetition of words ... ... A A M M
3. Recitation from memory ... ... B A M M
4. Understanding what is said ... A A B
5. Naming of objects... ... ... O O A B M M
6. Reading aloud ... ... O O M M
7. Understanding what he reads ... O O M B

8. Recognition of objects ... ... o O B
9. Volitional writing ... ... B M O W w
10. Copying ... ... o O W w
11. Writing to dictation ... ... A A M O W w
12. Writing from memory ... ... B O W w
13. Vision ... ... o O
14. Hearing ... ... A A
15. Memory of names and words ... A M
16. Cognisance of errors of utterance A

Any of these may be only slightly defective or completely lost.

We find, on applying these tests to the present case—

1. Deficient limited vocabulary.
2. Very difficult and defective.
3. Not at all.
4. Understands only if he can repeat words.
5. Fairly good.
6. Very fair.
7. Mostly.
8. Yes.
9. Good.
10. Good.
11. Hardly at all.
12. Can state a fact, but cannot write out anything he has tried to learn.
13. Good.
14. Good.
15. Very defective.
16. Generally.

The main feature is the marked loss of memory for the names of things not immediately under his eye, and the very great difficulty he has in repeating or writing from dictation; the evidence is in favour of the motor and visual word-centres being normal; but the tracts leading from the auditory word-centre are most defective, and probably the centre itself is slightly affected.

When he attempts to write from dictation he can only do so after he has, with great difficulty, succeeded in repeating the words, and he then does it fairly readily. The main defect is, therefore, between A and M, and the tract M O W is probably intact.

GUY'S HOSPITAL DENTAL DEPARTMENT.

PRACTICE DURING AUGUST, 1893.

Gold Fillings	85
Amalgam ,, ... Osteo ,, ...	112
Perm. G.P. ,, ...	—
Temp. G.P. ,, ...	—
Artificial Crowns	16
Scalings	—
Dressings	—
Attendances for Mechanical Appliances	6
,, Extractions under Anæsthetics ...	357
,, ,, without ,, ...	507
Advice	40
Total	1123

ON WARD WORK.

(In addition to permitting the publication of his portraits, Mr. Bryant has kindly afforded us the following valuable contribution from his pen.)

When a medical student begins ward work he practically commences the special pursuit of his life. He enters upon a new field of knowledge, in which everything seems strange, and to the understanding of which there may appear difficulties of a severe, if not hopeless, nature.

Should his previous work have been so planned and executed as to have prepared him for this special pursuit, he will have become more or less acquainted with the nature of the object of his future study; for through anatomy he will have gained some knowledge of the beautiful construction of the human frame; and through his physiology, something of its functions, as well as of its marvellous inter-dependence of parts; and whatever knowledge he may have acquired of chemistry in his laboratory—and he cannot know too much—he cannot fail to recognise the fact that in living beings there is above and beyond all the knowledge which chemistry may have taught, a force called Life, which claims, under all circumstances, the fullest recognition, together with the mental, moral, and intellectual attributes of each individual.

With these thoughts fixed prominently in his mind, the student, on entering the wards for work, cannot be otherwise than stimulated to use his investigating faculties with their fullest force, and led to apply them to the sick and sorrowing sufferer with all the tenderness and sympathy which weakness should always excite in a good heart, and which sickness naturally claims. Indeed, let every student so do his work in the wards and out-patient room that it may be said of him as Stanley said of Dr. Parke, "that he treated every woman in Africa with the tenderness and consideration which he would have shown to a lady in her London drawing-room."

Let the student remember that, besides the disease he has to discover and treat, there is behind it and above it the individual man or woman whose nature and peculiarities have to be taken into account. The disease has to be treated but as part of the human being only.

When in the wards the student has three main objects in view:—

To read the signs or symptoms of disease or injury.

To recognise their significance, and then to apply the remedy.

The first object is to him the most important, the second and third come only with knowledge.

To read the signs and symptoms of disease or injury with anything like accuracy presupposes a great deal of knowledge, all of which the student has to acquire, and he must do this slowly. His special senses, in all probability, have not been well educated, however much of classical, mathematical, and good general knowledge he may have been taught—for school and college education, as a rule, do little in this direction. The faculties of the mind may have been well drawn out, but the natural feeders of those faculties have been too often neglected, and the student has consequently to learn how to observe and how to recognise the differences between common things. He has, in fact, to learn how appreciatively to see with his eyes and to feel with his hands, and then to interpret the facts with which, through those educated senses, he has become acquainted. I well remember, when a ward clerk under my great master, Aston Key, how lost I felt when, on looking at a series of cases of wounds, he pronounced one to be healthy, another indolent, and a third inflamed, for to my uneducated eyes all seemed much alike. Education, however, enabled me eventually to see those differences, and when seen, to appreciate the distinctions. Every student has to pass through the same ordeal of learning as fell to my lot, and I can only urge him to begin this education of the senses of sight and touch as soon as possible, for until he learns to recognise the different aspects of even a healthy sore, he will be quite incompetent to read and understand the phenomena of disease in its simplest form. With this object, I would consequently strongly advise every student from his first entry at Guy's to see daily—if only for half an hour—some cases of disease or injury, and to look at them well, so that when he begins ward work as a reporter he will have learned the value of his special senses, and will be able to understand a little of the aspects of disease.

In looking at any part—normal or abnormal—let the student exhaust all that sight can teach in that part, so that he may not have to return to it again.

In looking at a face, for example, there is not only the expression and the colour of the skin to be observed, but the colour of the mucous membrane of the lips, eyelids and nostrils. There is the appearance of the eye, as a whole or in detail; the behaviour of the muscles of the orbit as well as of the face and jaw. When he examines the tongue, besides the phenomena of its surface, which may have to be read, there is the integrity or want of integrity of its muscular apparatus, which must not be forgotten.

If any swelling exists in a part, let the eye note the region it invades, the area it occupies, the condition of the skin over it, not only as to its appearance with respect to colour, but to its dimpling, puckering, adhesion or infiltration. The outline of the swelling should also be noted; is it limited or in any way diffused? has it a smooth, even, or an irregular surface? does it pulsate? All these points, with others, are open to the sight, and may be seen in less time than I have taken to write them, and their meaning likewise interpreted.

In examining students in Clinical Surgery, it has been my habit to make them, first of all, look at the subject of any local disease and describe to me what they see wrong, and then to reason the case out; subsequently supporting or refuting the views founded on observation by the aid of the sense of touch or other appropriate means. The intelligent candidate has, I know, often been surprised at his own keenness of vision in seeing so much, and thus of reading the phenomena of disease so readily by sight.

After sight, the sense of touch comes in well to supply confirmatory or refuting evidence. Touch teaching the comparative temperature of the implicated part, with the extent, outline, and mobility of any swelling; and palpation, with or without percussion, indicating its consistency and the presence or absence of fluctuation.

In any suspected fracture or displacement of bones, the relative position of the different points of bone can also be determined. The comparison of the sound with the affected side aiding decision materially.

Let the student, as a rule of life, always check the somewhat common, if natural, impulse to manipulate an injured or affected part before he has well looked at it and reflected on the phenomena he has observed.

THOMAS BRYANT.

A CASE OF CHYLURIA.

The following notes, necessarily imperfect and short, may be of interest as an instance of an uncommon disease running a perhaps unusual course.

J. W., aged 15, suffered first two years ago from hypogastric pain, which obliged him to walk with his body bent. As far as can be made out he had no dysuria and the urine was abundant and very pale. In a week or two he improved, and for nine months enjoyed his usual health. He then came under medical treatment for severe hypogastric pain, which came on in paroxysms and quite "doubled him up." The urine was thick and milky, and these characters were decidedly emphasized by the administration of any kind of food. He was rapidly losing flesh. Treatment with belladonna and purgatives was followed by the urine returning to its normal colour. He had several of these attacks during the next year.

I happened to see him ten days before his death. He was then sitting up in bed, suffering from the most distressing dyspnœa and orthopnœa, and complaining of a continual gnawing pain over the lower part of the abdomen and back. He was very emaciated and anæmic; abdomen slightly distended, but no fluid. The urine, passed in fair quantity and without strangury, appeared to be absolutely devoid of urinary pigment; it may be compared to milk to which an equal part of water has been added, which it exactly resembled. It was almost devoid of smell when passed; a dirty film was never absent from the surface, and if displaced, quickly reappeared. Albumen present in considerable quantity; not a trace of blood. Sp. gr. 1012; unfortunately it could not be submitted to the microscope. Other organs, as far as one can judge, healthy. The most noticeable feature was the dyspnœa, which reminded one of a rapid case of pneumonia or an acute phthisis.

Remarks.—This boy had never been abroad, indeed had never been outside the two Counties of Shropshire and Staffordshire. The extreme dyspnœa is not easily explained, unless it can be accounted for by the anæmia. The hypogastric pain is also somewhat obscure, as the urine flowed freely enough.

E. G. MARCH.

Review.

An Introduction to Practical Bacteriology, for Physicians, Chemists and Students. By Dr. W. Migula. Translated by M. and H. J. Campbell (Swan Sonnenschein & Co.).

English readers in search of a text-book of bacteriology which, while efficient and reliable, should avoid the crowd of detail found in the bulky volumes for specialists, could not do better than purchase this excellent little work, in its English dress. We have no knowledge of the original work; but its careful accuracy seems to have been generally acknowledged abroad, and we have no hesitation in predicting that the translation before us will enable it to gain an English reputation of the same kind. The translators have been very successful in maintaining clearness throughout. There are just one or two instances, perhaps, where the English equivalent has not been very accurately chosen—for instance, on page 180, the cell-chains of *staphylococcus pyogenes* are described as having the appearance of 'a crown of roses." This should surely read "rosary," being, probably from the German *Rosenkranz*. At any rate, the rendering chosen is not very descriptive. But for the most part, as we have said, the translation is extremely well done.

The book comprises a laboratory guide adequate to the needs of the most ambitious medical student, and, in addition, a purely descriptive section from which no important pathogenic microbe is omitted. In the former there is an admirable chapter on the bacteriological examination of water, and another on the staining of flagella, the matter of which will not be found in any other English text-book.

Our thanks are due to Dr. and Mrs. Campbell, and to the Publishers for this cheap and excellent manual. H.

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

Dr. W., Salisbury.—The specimen you forward is one of an adenoma of the breast. There are no signs of malignancy

Dr. W. H. M., Kidderminster.—The specimen is one of malignant pustule, removed in an early stage of the disease. The affected area of skin is densely infiltrated with leucocytes which have infiltrated and destroyed the follicles, etc.; the epithelium has undergone coagulation-necrosis, and the layers have been partly separated by masses of leucocytes. Towards the base of the inflamed area, the process of absorption of striated muscular fibre by leucocytes is well shown. There is no pus. Evidencing the intensity of the irritant are small ecchymoses among the leucocytes. Anthrax Bacilli are moderately abundant in the inflammatory exudation.

PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. Hunt, Gazette, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

MR. BRYANT.

Punctually at the appointed hour did Mr. Bryant's carriage always pull up at the Hospital entrance; so punctually indeed, that, bearing in mind the variations of vehicular "stasis" between Grosvenor Street and the Borough, one feels that not a little credit was due to the expertness of his coachman.

On entering the colonnade, there was the genial greeting for his dressers, a hasty inquiry as to the welfare of a critical case, and then, on operation days, the invariable question as to "whether everything was ready in the theatre."

Careful to be in time, and punctilious in exercising his prerogative as senior surgeon, Mr. Bryant would have been ill-pleased with any dresser whose laxity had allowed a junior to be first in the operating theatre. When not himself operating, he was frequently present as a spectator—a *rôle* in which he still sometimes appears—so anxious is he to add to his already vast experience.

Mr. Bryant is *par excellence* practical; he has probably little sympathy with the order of mind which loves such questions as: "The possibility of the existence of knots in a four dimension space?" rather would he have been at one with the Highland laird whose dying words to his son were: "Jock, when ye hae naething else to do, ye may be aye sticking in a tree; it will be growing, Jock, when ye're sleeping." It was his excellent practical teaching which caused such considerable numbers of students to accompany him round his wards, even before he possessed the alluring qualification of being an "Examiner at the College." Probably, too, it was his clinical soundness, as well as a certain originality of method, which caused him to be a centre of attraction to the enquiring foreigner—and especially to the American. The latter confessedly yielded to an admiration for the author of what he rightly considered one of the best treatises on the "Principles and Practice of Surgery;" was he also, perchance, captivated by certain *Ciceronian* qualities recalling a prominent fellow-countryman?

The reference to the "Principles and Practice," reminds one that great surgical writers, like other authors, may enjoy the appreciation of their own works. Abernethy earned the sobriquet of "Dr. My-Book," by his habit of recommending his patients to read his "Surgical Observations."

To return to the wards, "even during the height of the spray and gauze fashion," Mr. Bryant's favourite method of treating wounds was (as it still is) to wash and irrigate them with sherry-coloured iodine lotion, and dress them with lint soaked in terebene and oil; he is exceptional in never having been a "slave of the spray."

Much liked and admired by his subordinates, Mr. Bryant was held in high estimation by his patients. His influence was due, not to the dazzling brilliancy of a Moxon, nor to the Napoleonic impressiveness of a Gull, but to a charm of presence and manner, added to a happy facility for making prominent the hopeful possibilities of any particular individual. It is told how the unfortunate victim of an accident—with an irreparably damaged leg, and in a woeful state of despair—was suddenly lifted out of his slough of despond by the cheery admonition: "Come, come, my good fellow, cheer up, you'll be walking about in a few weeks!" The timely prophecy doubtless assisted its own fulfilment, and in due time he was walking about—the injured limb replaced by a *wooden* one.

An atmosphere of happiness filled Mr. Bryant's wards after his visit. The *wish* of every sufferer to be improved is innate. The paternal potentiality of the wish is proverbial; in this case the touch of the surgeon sufficed to make the thought—nay, the fact—of being better spring, Pallas-like, to life. It was the effect without the paraphernalia of "suggestion."

It is known to the writer that a patient of another surgeon went out, uncured, in order to be re-admitted under Mr. Bryant; when recognised, she stated that she had been completely satisfied with the skill and kindness of her former surgeon; she had simply been captivated by the happiness and hopefulness inspired in Mr. Bryant's own patients.

Besides his work on the "Principles and Practice of Surgery," Mr. Bryant is the author of numerous contributions to Surgical literature; one of the earliest is a paper in the Hospital Reports for 1856, on "Hernia, with an analysis of 126 fatal cases." He was one of the early advocates of ovariotomy. In his work on that subject, published in 1856, he found it necessary to devote a chapter to the question, "Is ovariotomy a justifiable operation?" and we have heard him say that at one period the opinion of his colleagues was so strongly to the contrary, that they declined to be present during his performance of the operation. We believe that this was not the only instance of opposition offered to Mr. Bryant in his career by some of his colleagues.

Mr. Bryant entered as a student at Guy's in 1846—the entries for that year numbering sixty-one; he was dresser to Mr. Key in 1848, and became doubly qualified in 1849; after acting as surgical registrar, he was, in 1857, elected assistant surgeon, in the place of Mr. T. Callaway, junior, who, we learn from the "History of Guy's," resigned his appointment in order to go out to the Indian Mutiny, which broke out in that year. In 1871, on the resignation of Mr. Birkett, he became full surgeon, a position he filled until his translation to the Consulting Staff in 1888.

He has been three times President of the Royal College of Surgeons of England, viz.: 1890, 1891 and 1892; a member of the Council since 1880, and a member of the Court of Examiners since 1882; he has been Hunterian Professor of Pathology, Hunterian Orator, and Bradshaw Lecturer.

His honours are the fruits of legitimate conquest, and we wish him a long life to enjoy, and, if possible, add to them.

MR. THOMAS BRYANT,

PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS.

FROM MINIATURE.

PHOTO BY P. HACQUOIL.

Appointments.

The following appointments have been recommended by the Medical Council, and approved by the Treasurer:—

Clinical Assistants—Messrs. A. H. Card, C. R. Colley, W. C. C. Park, R. H. Fagge, F. N. Day, G. Lawrence.

Dressers in the Eye Wards.—Messrs. E. Huntley, P. McK. C. Wilmot (November), (Mr. Higgens); D. M. Beddoe, H. A. Duffett (November), (Mr. Brailey).

Surgeons' Dressers.—Messrs. S. Hughes, F. H. L. Cloud, J. J. Coleman, C. M. Beadnell, A. Armer, H. D. Packer (Mr. Durham); H. W. Collier, J. C. S. Peatson, J. C. Constable, J. W. Sweetlove, H. E. Cock, A. Salter (Mr. Howse); A. P. Rainbird, H. J. F. Bourne, T. S. Biggs, E. E. Henderson, C. J. Kearney, F. Loud (Mr. Davies-Colley); E. A. Peters, E. F. H. Hardenberg, L. E. V. Every-Clayton, J. H. Horton, F. S. Brereton, W. E. Robinson (Mr. Lucas).

Assistant Surgeons' Dressers.—Messrs. C. H. Bryant, R. F. Clark, B. A. Richmond, L. A. Paul, J. C. G. Reed, W. C. P. Winter (Mr. Golding-Bird); E. H. Van Someren, E. T. Shorland, N. Daly, L. H. Y. Stephen, F. A. Godson, C. C. Stead (Mr. Jacobson); R. Henderson, H. B. Stoner, E. H. Tipper, F. R. Proctor-Sims, J. J. Foster, H. L. Williams (Mr. Symonds); W. J. Rowland, F. W. Rowland, B. B. Ham, A. R. Hitchfield, E. B. Marriott, E. J. Maxwell (Mr. Lane).

Medical Ward Clerks.—Messrs. A. P. Beddard, S. Copley, H. R. T. Fort, W. S. Handley, B. W. M. A. Key, P. R. Lowe, H. Pern, F. J. Steward, W. G. Mumford, W. L. Garner, E. Coleman, T. M. Thomas, A. V. Clarke, J. G. O. H. Lane, H. A. Moffat, D. W. Thomas, S. Rivers, J. T. Brickwell, W. L. B. Davies, J. W. Ensor, G. Gocher, R. H. Hayes, W. C. C. Pakes, W. Alder, W. G. Mitchell, R. O. Moon, A. A. H. Partridge, B. F. Pendred, A. A. Price, L. G. Reynolds, E. R. Thomas, M. E. Tresidder, C. B. Statham, E. G. Annis.

Assistant Physicians' Clerks.—Messrs. W. F. Byford, W. A. Carden, G. L. Eastes, C. C. Jenkins, M. P. Jones (Dr. Pitt); J. W. Bird, E. R. Fothergill, R. L. Roberts, H. M. Wise (Dr. Shaw); H. J. Milbank-Smith, W. M. Price, T. H. B. Yorath, H. Nolan (Dr. Washbourn).

Aural Surgeon's Dressers.—Messrs. A. Chaning-Pearce, G. H. Field (November).

Dental Surgeon's Dressers.—Messrs. P. E. Tresidder, (October and November); R. D. Evans (November and December); R. H. Moon (December and January).

Dressers in the Throat Department.—Messrs. C. F. Wakefield, H. D. Eccles, W. H. Jewell, A. J. Sharp.

Obstetric Ward Clerk.—Mr. A. J. Collis.

Obstetric Out-Patients' Clerks.—Messrs. C. S. Bond—1st half; H. A. Munro, E. C. Taylor—2nd half.

Surgical Ward Clerks.—Messrs. R. E. Delbruck, C. J. Harnett, E. T. Scowby, F. J. H. Cann, E. Fisk, J. Hora, H. J. Spon, R. H. Ashwin, O. Beven, G. Burton-Brown, A. G. Butler, W. A. Horton, J. Howell, N. H. Pike, J. Robertson, H. Alexander, C. G. Burton, C. Coventry, T. Davies, W. R. Davies, W. W. Farnfield, F. H. Hardy, P. H. Haylett, M. C. Hayward, H. E. Izard, G. B. Muriel, L. C. Panting, P. C. Prince, M. H. Smith, T. W. Stanton, F. W. TáBois, C. E. S. Watson.

Assistant Surgeons' Clerks.—Messrs. B. P. O'Neill (Mr. G. Bird); G. K. Levick (Mr. Jacobson); H. D. Peile (Mr. Symonds).

Externs.—Messrs. A. P. Rainbird, H. W. Collier, J. J. Coleman, F. H. L. Cloud, J. H. Horton, L. E. V. Every-Clayton.

PASS LIST.

UNIVERSITY OF OXFORD.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE, JUNE, 1893.

Human Anatomy and Human Physiology.

Moon, R. O.

Materia Medica and Pharmacy.

Fort, H. R. T. Partridge, A. A. H.

Robinson, W. E.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE, SEPTEMBER, 1893.

Entire Examination.

H. C. Regnart.

Chemistry with Chemical Physics, and Botany with Medical Botany.

A. M. Rygate.

PRIZES.

FOR SECOND YEAR'S STUDENTS.

W. C. C. Pakes	1st Prize	£25
W. E. Plummer	2nd ,,	£10
P. H. Haylett	Certificate	

FOR FIRST YEAR'S STUDENTS.

E. Ivens Spriggs	1st Prize	£50
R. P. Rowlands	2nd ,,	£25
Evan Evans	Certificate	
J. A. Glover	,,	

SHORT SAYINGS OF GREAT MEN.

There are three diseases which are more frequently overlooked or mistaken than any others, viz.—syphilis, tubercle, and the itch.

There is no one whose rectum and testicles are not worth examining.

When I see an eye case coming up wearing earrings, then I say the prognosis is bad.

Nothing short of absolute madness could persuade any surgeon to drain a spinal abscess anywhere but through the loin.

Passim.

On October 2nd, two hours before the opening meeting of the Physical Society, a club dinner will, as usual, be served in the dining-hall; and we would recommend those members who wish to be present to secure tickets as soon as possible from the steward. On every similar occasion of late years the demand for seats has been so heavy that it has been impossible to accommodate the late comers.

Once again we have the pleasant duty of welcoming those who are just now, for the first time, joining the ranks of Guy's men. We congratulate them on their choice both of Profession and of Hospital. As to their selection of Guy's, there are plenty at the present time, outside our own community, who will tell them they have done well. Never was the old hospital so well able to help her sons; never was any medical school so progressive. The last few years have seen an immense advance in the arrangements for the comfort of students, and in the facilities for scientific work. It is an open secret that the immediate future will probably see a marked extension in the opportunities for clinical study.

The alterations in the regulations for the Arts Entrance Scholarships, to which we referred a short time ago, have more than quadrupled the entries for this examination. We hope that the successful candidates for these and the Science Scholarships will make up their minds to maintain a high standard in their subsequent work. There are notable exceptions, of course, but it is astonishing to observe how frequently their predecessors have drifted into the background.

We are to-day enabled to present our readers with a second contribution to our portrait gallery of Guy's Consultants. Mr. Bryant has, with great kindness, consented, as did Dr. Wilks, to permit us to include pictures of himself, at different periods of his life. We regret that we are unable to affix dates to the two earlier portraits: the information is lacking at the time of going to press, and Mr. Bryant is abroad.

The idea mooted by one of our correspondents that the books of the College Library should be available for use by the Nursing Staff has been warmly taken up, and will in all probability be accepted by the authorities. It is hoped that before long steps may be taken which will enable the Gazette to be of more direct utility to the nurses, among whom it has always found regular readers.

We trust that everybody who is at the Hospital on the 2nd, including all the new Guy's men, will be present at the reading of Dr. Clifford Beale's paper on "The Advantages and Disadvantages of Making Mistakes." Dr. Wilks, we are heartily glad to know, will once again start the Physical Society on its year's work by speaking from the chair on this occasion. Dr. Clifford Beale is a Guy's man who has made his mark, and is sure to have something of importance to tell us. For our part, we wish he would treat typographical errors under the heading of "Mistakes," and comfort the souls of amateur journalists by saying something about their "Advantages." We just managed to kill a beauty in a final proof this week, where a patient was stated to have suffered from a "bunch of ropey" (read broncophony).

A new carpet is required for the Altar steps in the Guy's chapel. Sister Miriam will be glad to receive subscriptions for the same from any of our readers who may feel an interest in maintaining the due and proper adornment of the chapel. Half of the amount required, some £12 or £14 in all, has already been subscribed.

A large number of our readers will hear with deep regret of the death of so well-known a Guy's man as A. T. Brown. We hope to publish a short memoir of him in our next. Very sad, too, is the death of poor Bettington, who was drowned within a few weeks of his marriage. When we have to add the names of A. M. Addison and F. W. Farr, it will be seen that death has been sadly busy in our ranks.

Hospital News.

IN THE WARDS.

UNDER DR. PYE-SMITH.

PHILIP 37.—F.C., æt. 21, admitted August 30th, for hæmaturia. Ten years ago patient had otorrhœa, which has continued up to the present time. No history of syphilis or gonorrhœa. Sixteen months ago, at Michigan, he was taken ill and entered a hospital, where he says the diagnosis was "typhoid fever with pneumonia." He then had hæmaturia, and his motions contained bright red blood. The illness lasted eight months, but he does not remember how long the hæmaturia continued. During convalescence he had a number of boils over his body. On August 28th last he again felt ill with malaise, feverishness and giddiness. August 29th, he had a rigor, and hæmaturia commenced. August 30th, admitted; patient looks healthy and well nourished. No œdema anywhere. The spines of his lumbar vertebræ project somewhat. Urine dark red in colour; acid; specific gravity, 1012; contains blood and albumen. The kidneys cannot be felt to be enlarged, and percussion over them is not painful. Respiratory and circulatory systems normal. Pulse, 56 per minute, full, regular and compressible. The diagnosis of hæmaturia and probable renal tubercle was made. During the next four days the amount of blood gradually diminished. September 5th, granular and hyaline casts were present in the urine for the first time. September 7th, Dr. Shaw saw patient to-day and discussed the probability of Bright's disease, and considered that that could exist without any œdema, and cited cases to prove it. As a matter of prognosis he considered that œdema and a moderate high tension in the arteries were in favour of the patient. September 8th, an increase in the blood passed; copious deposit of casts; no pus. September 11th, blood less; no œdema anywhere perceptible. September 15th, Dr. Pitt examined patient to-day, and said that as regards the question of tubercular kidney, the first symptom was hæmaturia, and pus appeared some weeks, or may be months, later. That the presence of casts did not prove the case to be necessarily one of Bright's disease, and that double otorrhœa was generally due to tubercle.

PHILIP 29.—Innominate aneurysm; right hemiplegia without aphasia in a left-handed man. Rough systolic bruit at the base, louder than the diastolic. Dr. Pitt considers the hemiplegia to be due probably to softening from embolism, because (1) patient has never lost consciousness; (2) that incontinence of urine and occasionally of fæces commenced five days from the beginning of the illness, and was not associated with any other symptom; (3) that a cerebral hæmorrhage sufficiently large to cause complete paralysis of arm and leg is almost certain to give rise to some unconsciousness.

PHILIP, 26 and 33; MARY, 29 and 37.—Are cases of typhoid fever. Dr. Pye-Smith considers that the characters of typhoid fever in children differ from those in adults by being of shorter duration (about half the time), less severe, and of better prognosis. In adults you may say that you always get spots, while in children only about two-thirds have them.

PHILIP 27.—A rare case, namely, acute nephritis following varicella.

PHILIP 21.—In cardiac cases, when the quantity of urine passed is very small, calomel, given in small doses (gr. $\frac{1}{3}$) for three or four days, often increases the quantity when most other drugs fail.

In discussing the treatment of typhlitis in the convalescent stage, Dr. Pye-Smith showed the necessity of getting a good action of the bowels. In his experience belladonna has proved the most useful drug, acting as a laxative, without purging or causing increased peristalsis.

The following is a good method of prescribing it:—

℞ Ext. Belladon, gr. $\frac{1}{3}$.
Pulv. Glycyrr. et Conf. Rosæ, q.s.
M. fiat pil, o.n.s.

ROUND WITH MR. LUCAS.

(1.) *Case of patient admitted for swelling in groin*—only appeared on coughing—obviously hernia. Question was whether inguinal or femoral.

Characters of inguinal hernia:—

a. Large and elongated.
b. Passes downwards and inwards to scrotum or labium.
c. Internal to and above pubic spine.
d. Neck above Poupart's ligament.

Characters of femoral hernia:—

a. Small and round.
b. Passes upwards and outwards.
c. External to and below pubic spine.
d. Neck below Poupart's ligament.

As the swelling presented characters *a*, *c* and *d*, femoral hernia was diagnosed, but instead of passing upwards and outwards had turned right inwards, and lay in contact with spine of pubes, very unusual in femoral hernia.

(2.) Case of infant with hare-lip and complete cleft of the palate; mother had a hare-lip on right side, no cleft palate.

Mr. Lucas pointed out in Clinical Society Transactions, 1888, that congenital absence of lateral incisor tooth in the parent was hereditary, and often a forerunner of hare-lip or cleft palate, or both, in offspring. In this case mother's right lateral incisor was distinctly smaller than left, showing a defect in development along the usual line of cleft in the superior maxilla.

(3.) Case of spina bifida: the superficial ulceration which occurs often extends to dura mater and effects a cure.

(4.) Notes on cyanide gauze: the antiseptic, being very insoluble, is not washed away by the discharges, and so may be left on twenty-four hours after the discharge has soaked through; as it gives off no vapour, deeper layers must be wrung out of carbolic, to fill the meshes with an antiseptic substance.

(5.) Case of suppurating hip: if wounds will not heal, and there is no active disease, no medicine like country air.

(6.) Case of excision of knee: temperature never rose above 99·2—sides left freely open for drainage: dressed three times in first fortnight.

Under Dr. Goodhart.

Philip 2.—H. H., æt. 16, gardener. This patient has a family history of asthma, from which he also suffers himself. He has had bronchitis. One year ago, while at sea, he caught cold and was attacked with a sudden severe pain in the right side. He has been under treatment ever since, but has not been tapped. On admission the right chest bulges out and moves better than the left. T. V. F. is absent all over the right chest, except at the apex; dulness extends over this area, and breath sounds are only audible at the apex in front. Breath sounds are exaggerated over the left chest; there is a patch of dulness at the angle of the left scapula, and here râles may be heard. Râles may also be heard at the left apex. The cardiac impulse is in the fifth space, one inch external to the nipple. Resp. 38, P. 68. On the 13th September, 1½ pints of clear greenish fluid were removed from the right chest, and patient improved. On the 15th a further quantity of 2½ pints was removed. On the 16th signs of pneumothorax appeared (dulness shifting with position, succussion and cavernous breathing). The curious point about the case is that he should have been a year under treatment, and actually discharged from an infirmary as incurable, without aspiration.

Philip 7.—A. W., æt. 43, gardener. Has been for three years under treatment for severe abdominal pain occurring in paroxysms. There has been little or no improvement. The pain starts 2½ inches above umbilicus and goes round to back and shoulders, and up towards the region of the heart; it bears no definite relation to food. He says he has a feeling of muscular weakness during the attack. On admission patient was somewhat sallow and cachectic. There was a rather tender spot just above the umbilicus; liver and spleen were normal. He also had a faint systolic apical bruit. A blue line was noticed on his gums, and inquiry elicited the fact that until about three years ago he used to get his drinking water from a well by means of a bucket, but that a lead pipe was then substituted for it; also that at the house where he works he is in the habit of drinking from a lead cistern with lead pipes. There was no evidence of any neuritis. He is rapidly improving under pot. iod., although he developed an iodide rash, which was relieved on adding arsenic to his mixture. Dr. Goodhart made a diagnosis of lead colic, but said that it was not at all the usual kind of pain to find in plumbism.

Philip 11.—W. H., æt. 42, a groom. This patient's mother, æt. 89, suffers from a cancer of the breast. His family history is otherwise very good. He has always led an active, out-of-door life, has been a very moderate drinker, and has no history of syphilis. Since last March he has been troubled with vomiting for half-an-hour to two hours after food. He has suffered from a good deal of pain, which was not, however, as a rule, relieved by sickness, and, indeed, seemed to be worse when he had had nothing to eat for a long time. There were occasional streaks of blood in the vomit. Two days before admission he had an attack of melæna. He is a well-nourished, healthy-looking man, although he says he has lost 50 lbs. in weight since March. The pain is of a heavy, aching character, and travels up to the præcordial area, and also between the shoulders. He has not been sick since the night of admission. There has never been any tumour palpable, and he has no abnormal physical signs. He has a tender spot about one and a half inches below the right rib margin. He has improved considerably under the usual treatment for gastric ulcer. Dr. Goodhart said that although he was of a doubtful age, still, his progress under treatment and the absence of tumour, were in favour of the disease not being malignant, and gastric ulcer, though not a disease of that type of man at that age, was certainly possible, and accordingly diagnosed gastric ulcer.

Under Dr. Hale White.

Stephen 25.—Acute rheumatism, pericarditis, and left pleurisy.—W. T., æt. 13, admitted Sept. 4th. Mother had rheumatic fever four years ago; also her sister had it. Patient, when four years old, was taken to St. Bartholomew's Hospital for heart and chest, and was told he was bordering on heart disease. Five years ago he had rheumatic fever, and a fortnight after recovery, chorea, which lasted seven months. Before admission, history of ten days' pain in joints. Temperature, 102; pulse, 120; respiration, 36; wrist and ankles swollen and painful; pain, swelling and erythema over back of hands and dorsum of feet, and scattered petechiæ all over body, except face, scalp, palms of hands, and soles of feet. These gradually faded and others came out on left shoulder whilst in hospital. *Circulatory system:* Diffuse cardiac impulse best felt in fourth space one inch internal to nipple; cardiac dulness second left rib; middle of sternum; one inch external to nipple line, extending down to sixth rib. Short blowing apical systolic bruit traceable well out into axilla. Loud grating pericardial rub in inner part of first, second and third left spaces, with continuing rhythm. *Respiratory system:* Left side does not move so well as right. Below a horizontal line drawn on left side through nipple and angle of scapula, there were found deficient T.V.F., impaired resonance becoming quite dull at base; deficient entry of air. No adventitious sounds except few fine crepitations in left axilla; voice sounds almost absent at base; but over area behind, opposite 4—9 dorsal spines, well marked ægophony was heard. Pulse and respiration rates normal; no expectoration. Sept. 7th.—Joints apparently well. Heart sounds the same. Pericardial rub not so loud. Between spine and angle of scapula in left side, bronchial breathing, bronchophony, pectoriloquy, T.V.F. increased; below angle of scapula physical signs of fluid. Sept. 8th.—Pericardial rub now heard along right border of sternum

at 2nd to 6th, chondro-sternal articulations; left axilla completely dull, continuous in front, with cardiac dulness, which is the same above and to the right as on admission. Dr. Hale White saw patient to-day and discussed cause of physical signs over left lung; he said they might be due to (1) pressure of pericardial effusion, probably not, as it did not seem large enough; (2) pneumonia, probably not, as pulse and respiration rates normal, no expectoration, and it is a rare complication; probably (3) pleurisy. September 11th.—Condition much the same. Pleuritic rub at angle of scapula. Pericardial rub has disappeared. Behind, at left base, as far as eighth rib, physical signs of fluid, and above that a band about one inch wide of bronchial breathing, bronchophony. September 13th.—Pleuritic rub in left axilla, over fifth and sixth ribs. September 14th.—Left axilla much less dull, and the left border of *cardiac dulness* can be again made out as half-inch external to nipple line, third rib above and left border of sternum. Second sound at apex reduplicated. September 15th.—Cardiac dulness, third space, left border of sternum, nipple line. Mid-diastolic bruit at apex, as well as the systolic, which has been constant throughout. Physical signs in left lung rapidly clearing up.

MARY 3.—A B., æt. 37, admitted September 11th for tumour in abdomen. Patient has always enjoyed good health. She has had four children, three of whom are alive and well; the fourth was born with a fluid swelling over lumbar region, which burst, and the child died. Patient has had no miscarriages; no history of phthisis. About a month ago patient began to feel out of sorts; she had a very unpleasant taste in her mouth on waking up in the morning; tongue was dry and furred; she also vomited every morning, on rising, the vomit consisting of frothy mucus; no blood or food. For the first week of her illness she was very yellow, but there was no pain over liver; all through illness patient has been troubled with diarrhœa, bowels being opened four or five times in the course of the morning, the motions being liquid, very black and foul smelling. Patient's abdomen has been gradually swelling since commencement of illness, and a few days before admission was very tense. A week ago patient was examined by a medical man, who found a tumour in abdomen. Patient says she has been troubled with night sweats and has wasted a little. On admission —Patient is a healthy-looking well-developed woman, with a bright colour, and there is no apparent wasting. Temperature 101°, pulse 95, urine 1020, normal. Respiratory and circulatory symptoms normal; tongue clean; bowels constipated. On examination of patient's abdomen, no ascites is revealed or can any tumour be seen, but for one inch around umbilicus the surface of skin is red and tender. On palpation a lump can be felt which is hard, smooth, and lies in the course of the transverse colon, and has the following proportions:—it is two inches in diameter, the left end is rounded and well-defined, and begins about two inches to the left of rectus; from there it can be traced transversely across the left hypochondriac and umbilical regions, to about two inches beyond the umbilicus, and there terminates in a well-defined rounded margin; the upper limit cannot be made out, but its lower border may be represented by a line drawn horizontally through umbilicus. Abdomen is resonant all over; neither spleen or liver are enlarged. Dr. Hale White saw patient on the 12th, and ordered an enema, in case tumour might be the result of impacted fæces; this was done, but with no diminution in size of tumour. 13th, 14th and 15th, patient remained in same condition, bowels being open; temperature varying between 100° and 101°; appetite good. On 16th and 17th, patient complained of pains during the night in left lumbar region. The 18th, Dr. Hale White saw patient again, and discussed the probable diagnosis of—

a. Chronic peritonitis, with thickened omentum.
   1. Tubercular.
   2. Malignant.
   3. Simple.

b. Malignant growth of transverse colon.
c. Pancreatic tumour or cyst.
d. Hæmorrhage into omentum.
e. Hydronephrosis of right kidney.

Births.

MUSPRATT.—On August 16th, at Brading, Madeira Road, Bournemouth, the wife of Charles D. Muspratt, M.D., F.R.C.S., of a son.

SCOTT.—On September 9th, at Westbourne Villa, Ealing, the wife of Alfred Langston Scott, M.R.C.S., of a daughter.

Marriages.

BURGHARD—POLLOCK.—On August 31st, at the Parish Church, St. Marylebone, by the Rev. C. A. E. Pollock, Fellow of Corpus Christi College, Cambridge, and the Rev. L. A. Pollock, Curate of Hunstanton, brothers of the bride, Frederic F. Burghard, M.D., M.S., F.R.C.S., of 46, Weymouth Street, to Mary Dora (May) Pollock, daughter of the late Alfred A. Pollock, of Hampstead. At home Fridays in October.

PENNELL—LAFONE.—On September 1st, at Holy Trinity, Lomas de Zamora, Argentine Republic, by the Rev. Canon Pinchard, and also at the Civil Registry, George Herbert Pennell, M.D., F.R.C.S., to Frances Lucy Lafone, second daughter of the late William Lafone, of Monte Video.

RICKETTS—MARTIN.—On August 23rd, at Hackney Parish Church, Thomas Frank Ricketts, M.D., to Annie Gertrude, youngest daughter of the late Josiah Martin, Esq., of Barnet.

ROBERTS—SALMOND.—On September 5th, at St. Margaret's, Ilkley, by the Rev. Irton Smith, Vicar, Astley Carrington, eldest son of Dr. Bransby Roberts, of Eastbourne, to Edith Mary, younger daughter of David Salmond, J.P., of Eldermere, Ilkley, Yorkshire.

Death.

BROWN.—On August 29th, at Folkestone, Arthur Thomas Brown, F.R.C.S., L.R.C.P., M.B. (Lond.)

TWENTY-ONE YEARS' SPORT AT GUY'S.

In attempting to write as complete a review as possible of the history of Sport, and of the Athletic Clubs at Guy's during the past twenty-one years, the writer was hardly aware of the extent of the labours he had undertaken. It was necessary to hunt up all the old records—even some of the old Guyites themselves—for data upon which to base this article. For although in several cases plenty of authorities have been questioned satisfactorily, yet during some seasons no records, or even minutes, seem to have been kept; or if so, are no longer extant, by means of which the "present generation" can obtain reliable information. Of course there must be, and no doubt are, plenty of living authorities of light in the sporting world of their day who could and would give information in plenty if only interviewed; still the difficulties besetting even the professional interviewer's path are great; how much greater then are his who has interviewed but once, and is prevented wholly by ties of other kinds from tramping round the country—and it would be a long tramp indeed—in search of these "scattered" Guyites? It is to be regretted, therefore, that these lines are not as full and complete as they might be, but the writer hopes that much that is therein contained will be found of some interest, not only to our sportsmen, but also to all enthusiastic readers of the GUY'S HOSPITAL GAZETTE, which has stood the test so well for twenty-one years.

At the time when the first number of the GAZETTE appeared—on Tuesday, October 1st, 1872—it is unfortunate to have to relate that things were not quite rosy in the athletic way. It is true that we had won the Shield for the third time since its institution in 1867, but in spite of this, from the tenor of paragraphs in the early numbers of the GAZETTE, it appears that a slackness had come over the men. As had been customary, on October 12th, the Rugby Football Club played an opening game on the recently-acquired ground at Nunhead, at present known as Brown's Sporting and Athletic Ground. The game was a decided success, "some thirty men coming down," and it was thought that "we should turn out a very good team *if only the men play regularly*" (the italics are not in the original). Everyone seems to have been very sanguine about that season's prospects, and as the Challenge Cup had not then been instituted, an excellent match card had been arranged with the Hospitals and with the then leading Clubs—Blackheath, Richmond and Clapham Rovers. The first match was against St. George's—we only played *eleven men*, and consequently lost; however, a desperate effort was made to "retrieve our broken position, which was unsuccessful."

Defeat after defeat was the order of the day, and no one seemed able to stem the tide of ill-success. About this time, too, the ground seems to have given every one a bad time, as, with an abnormally wet season (in November there were four days *without* rain!), it seems to have become a mass of mud, and one somewhat unfeeling authority made the remark that "should the weather become frosty, the ground, being on a clayey soil, would be more likely to be useful as a skating-rink than for a football ground." In fact, things came to such a bad pass that a general meeting, extraordinary in more ways than one, was called for the purpose of "considering the ground." Of this meeting we read, "It was conducted in a most unbusinesslike manner. Several gentlemen commenced speaking at once; little conversational crossfires took place across the room," etc., etc. Eventually it was decided, after both Captain and Secretary had tendered their resignations (which were *not* accepted), that a committee should inspect the ground a day or two before the match to see if it was fit for play! A most wonderful lack of enthusiasm seems to have characterized the Club during this season, and a series of disasters happened in consequence. Frequent mention is made in the reports of the matches that Guy's were two or three short, or "so-and-so did not turn up till half time." On one occasion we learn that "seven of the Guy's men arrived at 2.40 p.m., and found the Blackheath team had been there some time. After a *while*, three more Guyites put in an appearance, but the rest of our team, including the captain, did not turn up at all! The Blackheath captain declared the ground too swampy for play, and the Blackheath team went their way, irritated, no doubt, at having come from Blackheath on a fruitless errand." The writer has copied this, not desiring to show up our early footballers, for whom he has due reverence, but as a warning to present students. It is always as well to remember dark days with bright ones, and though we are happy in the possession of very keen men at the present time, there is no harm in quoting to refresh our memory. Against St. Thomas's a very even game resulted in a draw in favour of Guy's—nothing being scored. Thomas's were compelled to "rouge" the ball down when we pressed them closely. In February, 1873, a team was elected by a Committee of the United Hospitals' Football Club to represent Medicine *v.* Law, but, though the fifteen was chosen, there appears no mention as to whether it was played, or if so, as to the result. Against St. George's, Guy's chronicled their only victory for the season, winning by one goal, two touch-downs, and three rouges to one rouge.

In the winter of 1872 an agitation was set on foot for the building of a fives court, and the Treasurer receiving and giving a favourable answer to a "Petition for the erection of a Fives Court for the use of the Residents and Students of Guy's Hospital," the court was accordingly built on the side of Petersham House where the new Dental buildings now adorn the Hospital. An abstract of the petition which appeared in the GAZETTE is interesting; after the usual address to the Treasurer, it proceeds, "Whereas the means of healthful recreation for the students resident in the Hospital—not to mention other students resident in the immediate neighbourhood—are not so great as the importance of such means demands . . . . We, the undersigned, humbly pray

you to cause to be erected for our use at the cost of the Hospital, a Fives Court in the Hospital grounds." The students at Guy's have enjoyed the benefits of the use of a fives court ever since, and our grateful thanks are due to the pioneers of 1872–1873, who not only initiated, but carried through this work. Contemporary with this movement, an enthusiastic little band of men instituted and established on a firm footing the Guy's Hospital Boxing and Fencing Club, of which B. Jumeaux was secretary. Fencing foils and masks, single sticks, and boxing gloves were provided, and the annual subscription being only half-a-crown, it is gratifying to note that the club in no way suffered from want of appreciation. Where the club met for daily exercise is not known, but it was probably in some disused part of the Hospital. Among the rules passed by a general meeting was one which has since been erased from the list. It ran: "That the committee shall not be pecuniarily responsible in event of deficiency of funds." Such a rule in our day would be practically nullified by the personal enthusiasm common to all the members of the Athletic Clubs, even if the pecuniary difficulty were not obviated by the establishment of the Clubs' Union.

It would have been thought that at the general meeting of the Athletic Club of the champion Hospital, an excellent gathering would have met together. However, a paragraph appears in May, 1873, commenting on the very meagre attendance—"there were only about twelve members present"—and reminding Guy's men that the United Hospitals' Shield, then placed in their *library*—no smoking-room being in existence—would not remain there long if they did not bestir themselves and take some interest in athletics. The affairs of the club were none the less in a prosperous condition, there being a balance of £20, a result due chiefly to the energy of F. J. Eliot, who was the secretary. The Guy's Sports were held on Monday, the 16th June, "in real June weather," and before a small attendance. At Lillie Bridge, on the following Monday, the Guy's representatives were unable to hold the Shield, "resistlessly" or "tenaciously," and it passed into the hands of St. Bartholomew's for the first time. The latter won five events, King's three, and Guy's only one—the two miles. In these early days the list of events differed in some details from the present one. Instead of the 220 yards, and three miles, there were a 250 yards and a two miles, while in addition there were 140 yards hurdles, putting the stone, and throwing the cricket ball, the events thus numbering thirteen instead of eleven.

The arrangements were of the first water on these occasions, and many excellent performances were accomplished. For instance, at this meeting (June, 1873) F. Darker (St. Thomas's) threw the cricket ball 114 yards 1 foot, while G. H. Pritchard (Guy's) threw it 105 yards 3 inches; J. Cobb (University) 104 yards 1 foot, and F. B. Bayar (Guy's) 100 yards 6 inches—a truly remarkable performance. The mile was won by E. B. Turner (St. George's) in 4 min. 45 secs.—good time now—and the quarter mile in 54 secs. by H. R. O. Cross (King's). In commenting on the management of this meeting, one of the sporting papers said of the secretary, E. Hicks (Guy's), "in his anxiety to do his duty bravely he almost worked himself into an incipient fever." W. Maltby, the winner of the U.H.A.C. two miles, ran in the North *v.* South Athletic contest, but broke down "through some muscular fibres giving way in his leg."

Of the "Cricket" during that summer there was not much of interest. The first eleven beat the next fifteen by 63 to 48. Against the "Surrey Club" we suffered defeat by 60 runs: Surrey Club 209, Guy's 149, but against St. Thomas's Guy's made 156: St. Thomas's, "first innings 18, second innings 34, total 52." Against the Crystal Palace Guy's lost by 130 runs, and against Lewisham by *one run*, after two completed innings on each side. To Yalding, a very poor Guy's eleven journeyed down, with two short, in spite of the fact that several "gentlemen who have played for the Kent County Eleven" opposed them; Guy's only lost by 10 runs on the first innings, and Power and McKern for Guy's bowled so well that the Y.C.C. were dismissed in their second innings for 34. Against University, Guy's, with one man short, made 127, beating the former by 4 runs, but against Bartholomew's, chiefly through the absence of three of the first eleven, we suffered defeat on the first innings by 56 runs.

At the Autumn General Meeting of the Football Club in 1873, W. W. Pinching was re-elected captain for the fourth year in succession—a very rare distinction—and D. Gilbert secretary. It was stated that a new ground had been secured at Blackheath, situated in the neighbourhood of the Blackheath Club ground. A challenge from St. Bartholomew's Hospital was considered at this meeting, but, inasmuch as "the last match played with St. Bartholomew's three years previously was attended with much unpleasantness—ending, in fact, in a free fight—it was decided by a large majority that the challenge should be declined." Against St. George's, the first match played on the new ground, Guy's won by one goal, four tries, and six touch-downs in goal to nothing. The Guy's fifteen played brilliantly, and "Lusor" congratulated the Guy's men on possessing a team "that bids fair to distinguish itself, as it did in the days of Davies-Colley and Fred. Taylor" (GUY'S HOSPITAL GAZETTE, October 25th, 1873). Against the Arab Football Club at Wandsworth, Guy's won easily by two goals and one try to nothing. St. Mary's fell before our victorious fifteen, and with University a draw was made greatly in our favour. London suffered defeat by a goal, a try, and six touch-downs to nothing, at the hands of a by no means representative team, and the following Saturday, against the powerful Clapham Rovers' Club, Guy's made rings round their opponents to the tune of three goals and four touch-downs to nothing. For this match, as in many others this season, A. W. Pearson, who later on (1875) was to figure prominently in International Football, played for us. Speaking of him in *Football*, the recent publication edited by Rev. F. Marshall, Mr. A. G. Guillemard

says: "He was a very steady back, a good tackle, and an excellent drop and place-kick." Indeed, in this match, we learn, Pearson dropped a magnificent goal, and placed both the others, one by a "fine kick." There was no stopping the victorious fifteen, and King's suffered defeat in common with the other Hospitals. However, the following Saturday, at the hands of Blackheath, Guy's were beaten for the first time by a goal and a try to nothing. Several men, "well competent to judge," attributed our defeat to "a nasty trick" adopted by the Blackheath forwards "of heeling the ball out of the scrimmages." One wonders what these footballers would have to say now of these tactics so widely adopted and carried out. Richmond lowered our colours by two goals (one dropped) to nil.

In the All-England trial games, six Guy's men were chosen—Pinching, Gray, Pearson, Maclean, Gilbert and Welchman—but none of these players appeared in the English Twenty *v.* Scotland, on February 23rd, 1874, at the Oval—there being no other International matches then. Pinching appeared in the English Twenty in February, 1872, when the English averaged 12st. 8lb. per man, and defeated Scotland by two goals two tries to one goal at the Oval.

The return match with Blackheath resulted in a draw, after a "very fast and hot game." In the notice of this match we read, "We are glad to notice that Blackheath did not adopt their usual objectional plan of heeling the ball out of the scrimmages, but played up very straight and fairly." London, George's, and Mary's all suffered defeat in their return matches, while Thomas's drew with us—we played *one short* for the first time that season. The first match against St. Thomas's was put off by them. The return with University proved an exciting game and again resulted in our favour, though drawn, by one try and a touch-down to nothing. King's, however, went down again before us, seven goals, three tries, and six touch-downs to nothing. The Clapham Rovers' match concluded a brilliant and successful season with a drawn match. The fifteen played 17 matches; won nine, lost two, while six were drawn, five of which were in our favour. They won 26 goals and lost 4, a record truly to be proud of; and how great a reaction amongst the men must have set in may be easily imagined on comparing the 1872–1873 season results with the following year's.

The Boxing and Fencing Club still continued to flourish, and from a letter which appeared in the GAZETTE, signed Walter C. James, President, it seems that owing to the cost of renting a room, etc., outside the Hospital, the boxing and fencing took place in the open air, within the precincts!

At the annual meeting of the Cricket Club, the secretary, H. Williams, reported that the finances of the club were in a bad state, in fact £25 to the bad; and it was decided that the ground at Lewisham should be given up, and arrangements made for practice on the Oval once a week. The season opened with a game against Lewisham, who were defeated by 86 runs; the Surrey Club and Ground by 64 runs; University College by 75 runs; and the Crystal Palace by 71 runs, suffered defeat in succession. Whatever their success in the cricket field, the club was in a disastrous condition financially, so much so that the Lewisham Cricket Club, to whom rent was due for 1873, threatened proceedings to recover. To the credit of our men be it said this contingency did not arise; and the cricket was as brilliant that season as the football had been. The eleven succeeded in easily beating every other Hospital, and suffered defeat on only two occasions, viz., against Charlton Park and Blackheath Morden; "in both cases owing to the absence of our best men." The last match, *v.* West Malling, was drawn somewhat in our favour, West Malling Cricket Club 201, Guy's Hospital Cricket Club 143 (for one wicket). The record was ten matches played; seven won, two lost, and one drawn, with the title of Champion Hospital.

In athletics we again were in a bad way. From *want of sufficient entries for the events* we were unable even to hold our own sports. A scathing article appeared in the GAZETTE commenting on the fact that only *thirteen* entries were made for ten events, and lamenting "the decline of that spirit which enabled Guy's to carry off the Shield for two successive years." King's carried all before them at the U.H.A.C. meeting, winning five events and five seconds; Bart.'s were credited with three; George's with two events, while Guy's obtained one, throwing the cricket ball, and three seconds. A. W. Pearson, with a throw of 105 yards 5 inches won us our only event. F. Darker, St. Thomas's, is reported as having cleared 6 ft. 4½ in. in the high jump, obviously a printer's error. Our seconds were obtained by J. Reader (high jump 5 ft. 3½ in., and 120 yards hurdles, in both of which he lost a shoe, which not unnaturally affected his chances), and W. Gray (putting the shot, 33 ft. 10 in.). These three winners were all *first* year's men, and the article before mentioned somewhat pertinently asked "what shall we say of men of higher years, who yielding to various influences, took *no* part in the sports?" What indeed!

Of the Boating Club, which had been in existence some time, very little mention has been made in the past, and *that*, of the usual order; nevertheless, during this season it seemed almost beyond belief that out of the large number of students (over 400), Guy's were unable to have any local sports or "float a boat club." While it is admitted that athletics were passing through a crisis at Guy's during this stage, whatever the causes may have been, still it must not be forgotten that any club or institution of the kind passes, and will pass through crises of a like nature. Therefore it is the business of the chronicler, however unpleasant his duty, to lay before his readers these times in all their bareness, and to impress upon the indolent the necessity of *keenness* in the present; for then it will never be the lot of the future historian to discuss our doings with a like disapprobation.

In May of this year, 1874, at a meeting of the United Hospitals' Football Club, it was resolved to purchase a

Challenge Cup to be held by the Champion Hospital annually. The ties were drawn as follows:—Guy's *v.* King's, St. George's *v.* Westminster, St. Thomas's *v.* University, St. Bartholomew's *v.* St. Mary's, Charing Cross *v.* Middlesex, London, a bye. The mode of scoring adopted was three touch-downs or rouges equal a try, and three tries equal a goal. The Season 1874–1875 commenced with an opening game, and seventeen matches were arranged for decision. W. W. Pinching was re-elected captain for the fifth year,—a distinction, I believe, wholly without precedent,—and P. Gilbert re-elected secretary. The fifteen still played in jerseys of the Hospital colours—blue and orange—and it is surprising that they were ever changed to white.*

The first round of the Cup Ties brought off in February resulted as follows:—University College beat St.Thomas's by one touch-down to nil; Bart.'s beat Mary's, three tries, seven touch-downs, to nil; Guy's beat King's, two goals, three tries, seven touch-downs, to nil. In the second round, Guy's beat Middlesex, two goals, seven tries, ten touch-downs, to nil; University beat London, three goals, two tries, to nil; St. George's beat Bart.'s. Semi-Final: St. George's beat University. Final: Guy's beat St. George's, one goal, one touch-down, to two touch-downs. As we had been the first to win the Athletic Shield, so were we the first holders of the Rugby Cup, and history repeated itself with the Association Cup. As may readily be imagined, enthusiastic outbursts greeted our football team on every side, and an article in the GAZETTE serves to indicate the general jubilation that prevailed. "The fierce struggle, the running, the kicking, the intense excitement and cheering of the spectators, form a picture that we shall recall when we are old—old in years; but which will make our pulse beat again with the freshness of youth, while the players in the Guy's team, like the old victors at Agincourt, will raise their heads with pride at every anniversary of March 3rd, 1875." Should this meet the eye of any of these veterans, they may feel assured that present enthusiasts can never be unmindful of victories in the past, for it is early successes which makes the man, as well as the club; and something of that old spirit, so deeply grafted in the heart of the true Guyite, is the same to-day as it was then. The Final Cup Tie brought the season to a most brilliant termination; the team that played was as follows:—W. Pinching (captain); J. B. McClean and A. Finch (half-backs); W. E. Gray (three-quarter-back); A. W. Pearson and J. T. Breach (backs); J. Rendall, H. Duke, H. Hetley, J. Osborne, P. E. Wallis, H. Welchman, P. F. Gilbert, J. Keer and L. Match (forwards). Pearson and W. C. Collins (captain of St. George's) played against Ireland and Scotland for the English twenty; Pearson appearing altogether in six International matches at back, Collins in five at half-back.

* Much discussion has of late been going on among "Footer" men as to the advisability of playing in the Club colours, and certainly it seems absurd that we should not, especially as the combinations of blue and orange could be made to look not only effective, but distinctive. A photograph hangs in the smoking-room of the Cup Team in 1876, in which the old jerseys are seen.

As far as can be ascertained in the summer of 1875, the cricket season was hardly as successful as that of the previous season; nor were so many matches played. We still had no regular ground, as the club was yet in debt to some extent, but practice was made at the Oval or at Nunhead; W. Gray was elected captain, and S. Boughton, secretary. The Crystal Palace club defeated us after a good game by 37 runs, and Westcombe Park completely outplayed us, scoring 321 to the Guy's 27. Richmond were luckily defeated by 27 runs on the first innings, as they disposed of us for the miserable total of 13 in the second; a total which must certainly be the lowest ever scored by a Guy's eleven. Charlton Park defeated the eleven by 93 runs; but St. George's went down before us. Playing two short, we again had our colours lowered by the Tooting Wanderers. The batting averages this season were moderate, four men being over twenty; W. Gray (captain) 31·7, with an aggregate of 255, eleven innings, three times not out, heading the list.

After the severe criticisms and unflattering remarks which had been the lot of the Athletic Club the previous season, a reaction naturally set in. H. M. Powell was elected secretary, but it was decided by a small majority that Guy's should hold no sports this year. The trial sports were held, and "in a few words, were simply a failure." In fact only a few of the intending competitors turned up at all, and in consequence nothing of a contest resulted. Judging from the amount of representatives each Hospital sent up, there seems to have been no limit to the number; for we find *four* men representing us in the hundred yards, *three* in the mile, etc. However, in spite of the very poor trials, Guy's did not make by any means a *bad* show in the United Hospitals' Sports. The Challenge Shield was won by St. George's for the second time since its institution, "greatly to the surprise of most on the ground" (Lillie Bridge). They took four events, the 250 yards, two miles, 120 yards hurdles, and throwing the hammer. King's were second with three events, and Guy's and Bartholomew's obtained two each. Our two events were won by J. Reader (high jump) and J. Stephenson (putting the stone). Throwing the cricket ball was abolished at these sports, or probably would have been won by Pearson again. In addition we scored five seconds, by W. Gray (throwing the hammer and putting the shot), J. Reader (120 yards hurdles), V. Chapman (high jump), and — Stanger (250 yards). So that it will be seen on reference to the previous season that athletics were really taking an improved position at Guy's, though it was a long time before the Shield was again in "our library."

The Football Club, 1875-76, had for its captain W. Gray, who also had the distinction of captaining the Cricket Club, and for its secretary, E. A. Wallis. The early matches seem to have gone against us; at any rate we were defeated by Blackheath, the Civil Service and St. George's. A new departure was made this season in the establishment of a match between a team made up of the Hospitals left in the final cup tie of the previous

season, and a team of the other Hospitals. Accordingly Guy's and St. George's played the United Hospitals, and beat them by a goal, although "Guy's went up two short." The United Hospitals' Club was in a flourishing condition evidently about this time, for mention is made of matches *v.* Oxford University, Cambridge University, and Liverpool, in all of which matches Guy's were well represented by Messrs. Pearson, Gray, Pinching and Gilbert.* In the North *v.* South match at Manchester, W. W. Pinching and W. Gray represented Guy's. To come back to our own football for the nonce, we had by no means so successful a season as that of 1874–75, as, besides losing matches against the Marlborough Nomads, the Harlequins and Blackheath, we were defeated in the first round of the cup ties by opponents who were ever after to prove a thorn in our side, and whom we have since met in friendly rivalry on many a memorable occasion,—to wit, St. Thomas's. The game, like many of its successors, produced a keen struggle, and right up to time the issue was in doubt; it was decided none the less in Thomas's favour by three touch-downs to one. In the other ties, St. George's beat King's, University beat Bart.'s, London beat Mary's. St. George's, who it will be remembered ran us very close in 1875, then played and defeated St. Thomas's; and won the Challenge Cup after a stubborn fight with University. Our cup team was as follows:—A. W. Pearson and J. J. Breach (backs); W. G. Gray (three-quarter-back); F. B. Maclean and A. Finch (half-backs); W. W. Pinching, P. J. Gilbert, J. Rendall, W. W. Welchman, A. Duke, J. Keer, J. C. Wilkinson, A. Howell, A. Scott and R. F. Taylor (forwards). The honour caps were awarded to W. W. Welchman and J. C. Keer.

Very little information has been gleaned about the cricket season of 1876. It is a noticeable fact that, since the GAZETTE had changed hands and an "improved form" adopted, very little sport was reported in its columns. Whether this arose from lack of editorial keenness, or from the low state in which sport was at Guy's then, is not certain; but, still, there remains no record of what the Hospital did in this connection at that time.

As was expected, athletics pure and simple, steadily advanced in favour, so much so indeed, that Guy's was enabled to hold a distinct athletic meeting of its own, which was, further, on the whole, a success! The high jump was well contested, and was won by Graveley at 5 feet 4½ inches, while in the hurdles the same runner won in the excellent time of 17¼ secs. His career was a steadily rising *one*, he had obtained a second place in the sports the previous year, and soon was to do great things for us at the United Hospitals' meeting. The U.H.A.C. tenth annual meeting was held at Lillie Bridge on July 1st, and was very largely attended. Never before had the Shield been so decisively won. St. George's, with many of their old choices, taking six events. King's, who had always scored in former years, obtained not one event now; Guy's, however, were a good second with three events (putting the shot, and both jumps), while Mary's and University scored an event each. W. Gray, who had been second on several of these occasions, won, putting the shot 33 feet 2 inches; V. Chapman, the high jump, 5 feet 4 inches, and J. G. Graveley the long jump, 19 feet 7 inches. In addition we obtained the second place in throwing the hammer (Gray), hurdles (Graveley), and high jump (J. Reader, the previous year's winner). St. George's held the Shield for the third time since its institution. The best form was undoubtedly G. R. Turner's, who repeated his last year's performance in the hurdles, which he won in the first-class time of 17 seconds dead. The 100 and 250 yards were both won by H. T. Griffiths, a sprinter of more than considerable merit, as his times shew—10½ seconds and 27 seconds respectively. This meeting presented a special interest from the fact that Sir William Gull, President, was present during the afternoon with Lady Gull, who presented the prizes.

The captain of the Football Club this season was P. F. Gilbert, who was associated with T. A. Ives Holmes as secretary. This season was a very brilliant one, not only from the fact that two Internationals were included in the team, but because the Challenge Cup again came into our possession. The results of the season were, matches played, 18; won, 10; lost, 5; drawn, 3; goals for, 23; tries for, 15; goals against, 11; tries against, 6. We defeated the following:—Oakfield, Flamingoes, St. Bartholomew's (twice), Naval College, Beckenham (twice), Hill's team, St. George's, and St. Thomas's. We lost to Harlequins, Clevedon, Richmond, Blackheath, and Gipsies; drew with Blackheath (in our favour), Harlequins, and Oakfield. In the cup ties St. George's (the holders) were defeated by two goals and two tries to nothing, and in the final our tried opponents, St. Thomas's, by six touch-downs to one. Our cup team was, perhaps, the most powerful ever got together at Guy's, as we had the pick of the English Twenty behind the scrimmage. The fifteen was—W. G. Gray (capt.) and A. H. Jackson (half-backs); A. W. Pearson and E. Penny (backs); L. Stokes (three-quarter back); J. C. Keer, J. Boswell, J. A. Fraser, H. Liddell, R. Gordon, J. Rees, Q. R. Veitch, D. D. Roberts, F. Wilkinson, C. Pink (forwards). Gray and Jackson were an excellent pair; the former had done yeoman service for Guy's, while the latter was to take high rank, not only for us, but also in International football. Pearson has already been mentioned, and at this time was at the zenith of his fame; while Lennard Stokes was soon to occupy a position second to none in Rugby football, and enjoy a lasting reputation. These four players had all appeared in the premier Blackheath club, Pearson earning the reputation of being "the most deadly tackler in London," as full back. Stokes was then captain of the Blackheath Club, a post of distinction which he occupied for *five* consecutive seasons (1876–81) with great success.

* It seems a grievous pity that the U.H.F.C. has not now the position and prestige it formerly held in the Football world, especially as many authorities aver, and rightly, that a powerful combination might easily be got together. An energetic secretary and strong committee would be doing the Hospitals football a real service by instituting fixtures in the future.

During his tenure of office the club played 83 matches, only *one* of which he himself failed to play in: won, 68; lost, 6; drew, 9; goals for, 178; tries, 136; goals against, 9; tries against, 11. During this period the great three-quarter obtained *fifty-six tries*, besides placing and dropping many goals. On one occasion, against Guy's, October 19th, 1878, he placed ten goals from eleven tries! The first appearance of L. Stokes for England was against Ireland on February 19th, 1875. He played six successive times against Scotland, five times against Ireland, and in the first match against Wales. Writing of him in *Football*, Mr. A. G. Guillemard says, "He played full-back in his opening match, but nearly always afterwards three-quarter back, and it is not too much to say that at this post his equal, either in science or play, has never been seen from the foundation of the Union. Six feet in height, and of sinewy frame, he was the very model of an athlete, and his great pace made him the champion sprinter at the sports of the United Hospitals. He was a faultless catch and field, and a very quick starter, and with his speed of foot, wonderful dodging powers, and clever "shoving-off," was an extremely difficult man to tackle. An excellent place-kick, he was also for several seasons, the longest drop in the three kingdoms. Some of his drops at goal from difficult positions, when hemmed in by opponents, were simply marvellous. His feats in International matches are referred to, but it may be recorded here, that in a match between Kent and Surrey he dropped three goals in an hour. His tackling was not quite up to the standard of the rest of his play, as he frequently aimed too high, but his great speed often enabled him to rectify an error by a second attempt. His knowledge of the game and *finesse* were quite on a par with his play. He enjoyed a wonderful hold of his men, and worked them in a most determined manner. Admirable play, and a great reputation, naturally made him the idol of the ring; and during his career he undoubtedly won more matches for his side than any other player." As may well be imagined, such a player could not fail to make a thorough captain; and indeed, during his captaincy of the English Fifteen (the first match of fifteen a side was played *v.* Scotland, February 5th, 1877, at the Oval), of the five matches played, England won four and drew the fifth. Two matches against Ireland, one each against Wales and Scotland were the wins, while the fifth resulted in a drawn game with Scotland, through a fine drop-kick of the English captain. "Catching the ball from a kick-out, he obtained a goal by one of the grandest drop-kicks ever seen, the ball travelling fully eighty yards from kick to pitch" (A. Budd, *Football*).

Amongst the forwards of this fifteen (1876–1877) was C. Pink, who was considered by Bob Habbijam, Professor Ned Donnelly, and other well-known authorities in the "fistic" art, to be a very fine boxer. He was a heavy weight, and had he trained systematically, would, it was thought, have had no equal in the amateur boxing world. Professor Donnelly's book on the "Science and Art of Boxing," it is said, was more than half put together by "Charlie" Pink. J. A. Fraser, another forward, was to shine for us at the United Hospitals' Sports in the ensuing summer.

One of the few cricket matches played this summer was against Richmond, who, playing a very strong eleven, defeated us by 57 runs. Amongst our eleven were Stokes (35) *v.* Chapman (47), J. C. Keer, S. Lee, J. A. Fraser—all "footer" men. In athletics the steady improvement which had been noticeable for some years, bore fruit, as we once more won the Shield. W. Gray was re-elected secretary, and a balance of £16 was declared in favour of the Club. A strong committee, enthusiastically determined to do or die, was chosen to forward the "movement." It was decided to hold the Guy's Sports at Lillie Bridge, a week before the United Hospitals' Meeting. The eleventh annual meeting of the U.H.A.C. was held on June 4th, amidst an enthusiastic gathering of Guy's men. The events were closely contested, and, after an exciting meeting, Guy's carried off the Shield for the fourth time since its institution. The hero of the day was J. G. Gravely, who won three events—the Hurdles (16 min. $\frac{2}{5}$ secs., a record which still remains unbroken), High Jump (5 feet $4\frac{1}{4}$ inches), and Long Jump (20 feet 5 inches), performances which, even to-day, would stamp the first-class athlete. J. C. Fraser won the fourth event, Putting the Shot (32 feet 8 inches). King's and St. George's tied for second place with three events each, while the odd event was captured by St. Mary's. Not only was our supremacy maintained in the College Examinations—the rejections only amounting to 10 per cent.—but in the field we carried all before us, holding both the Football Club and the Challenge Shield at the same time. Since 1867 Guy's had held the Shield four times, St. George's and King's three times each, and St. Bartholomew's once. Since 1875 we had held the Rugby Cup twice; St. George's once.

(To be continued.)

APPOINTMENTS.

HEARNDEN, W. C., M.R.C.S., has been re-appointed Medical Officer and Public Vaccinator for the Headley Sanitary District of the Epsom Union.

WILKS, H. L. E., L.R.C.P. Lond., M.R.C.S., has been re-appointed House Surgeon to the Salisbury General Infirmary.

CALENDAR OF COMING EVENTS.

Sept. 25.—Last day for applying to Registrar for Form of Entry for Final M.B. Lond.

,, 26.—Examination for Entrance Scholarships begins.

Oct. 2.—WINTER SESSION BEGINS.

—House Dinner in College at 6 p.m.

—First Meeting of the Physical Society at 8 p.m.

,, 3.—First Conjoint Examination begins.

—Examination for D.P.H. Cam. begins.

,, 5.—Second Conjoint Examination begins.

Guy's Hospital Gazette,

OCTOBER 7, 1893.

Physical Society.

OPENING OF THE WINTER SESSION.

THE HOUSE DINNER.

The opening meeting of the Physical Society last Monday was preceded by a House Dinner, billed to be on the table at six o'clock, but unavoidably postponed till a quarter past. This *mauvais quart d'heure* however, was pleasantly spent in conversation in the smoking room, and in noticing the large number of the Staff and old Guyites, who had once more come amongst us.

On the only too welcome signal being given we went upstairs and were soon seated. Mr. Symonds was in the chair, having Dr. Wilks and Mr. Dunn on his right, and Dr. Clifford Beale on his left, while in various parts of the room we were pleased to see Drs. Savage, Pavy, Pye-Smith, Taylor, Hale White, Pitt, Perry, Shaw, Washbourn, Bryant, Starling, Campbell, Fawcett, Gill, Uhthoff, Hicks, Albert Martin, J. A. P. Price, Thorpe and Garrett, Surgeon Lieut.-Colonel Evatt, and Messrs. Davies-Colley, Tubby, Fripp, Groves, Rake, Galton, Randell, P. N. Randell, Butcher, Percy Warner, H. E. Counsell, C. Otway and Humphreys, the Residents, and a fair number of Students. The following dinner was then well served in the Steward's best style.

Menu.

Clear Ox Tail. Lyons Sausage. Boiled Turbot—Hollandaise Sauce. Lark Pudding. Roast Sirloin of Beef and Horseradish—Roast Haunch of Mutton. Roast Chicken with Watercress. Welsh Rabbit. Apple Tart—Jellies—Stewed Greengages and Custard—Club Pudding. Cheese—Celery. Dessert.

After dinner, the Chairman reminded us that we were due in the Anatomical Theatre at eight, whither we quickly repaired.

THE MEETING.

Meanwhile the Theatre had been filling with students, and when the President accompanied by members of the Staff and others filed in, they received an ovation from a packed audience; Dr. Wilks then rose to speak, and came in for a hearty demonstration. In the course of an address of characteristic homeliness, Dr. Wilks said that the President of the Physical Society was always expected to make a few general remarks at the opening meeting, for the benefit of those new men who had now become members of that Society, and entered the portals of the profession, and then be welcomed both to the profession and to Guy's Hospital. Thirty-five years ago when he did so, he had congratulated gentlemen upon entering a grand and glorious profession, the best and grandest which he thought any human being could be connected with. But after a time when he got into practice, another picture often presented itself. He saw medical men struggling for existence, and charlatanism and quackery flourishing. He saw ingratitude among the public and other things, which made him begin to say, "this is one of the worst of trades." As time went on, however, he had got into a better atmosphere, and he could now regard these evils as incidental asperities of the profession. It was true that as we became older we adopted the simpler creeds of childhood, and he had come back to what he thought and said as a young man, and could congratulate those whom he now addressed upon entering a noble profession. Then Dr. Wilks went on to prove this by simple illustrations drawn from the tendency of Nature to make good decay and to repair injury, and the assistance which a medical man gave to this natural process. It might be by putting broken bones into apposition; by enforcing the conditions under which Nature could best do its work, or by discovering and applying the substances which counteract disease. In reference to the latter, he had been interested of late in reading of that new development of therapeutics, the practical bearing of the old physiological law that all parts of the body are necessary for the integrity of the whole. Out of that came the case of the thyroid gland. The patient did not die at once after its removal, but in the course of years, he did slowly die. But now we knew that the effects of disease or removal may be prevented by the artificial administration of sheep's thyroids. A very analogous case is that of Addison's disease, which attacks the suprarenal capsules. Addison himself said these were not vital organs, and that patients did not die at once if they were removed; but eventually they did die. Why should they not, asked Dr. Wilks, be saved by administering adrenals. Every week he looked in the journals to see whether some of his younger colleagues at Guy's had not attempted something in the way of the therapeutics of "adrenaline." Coming to the life of a doctor, Dr. Wilks said that Medicine was not merely a Science but an Art as well. They might attend lectures, and all get up the same amount of knowledge, and all say the same thing when

asked; but when they get into practice the thing was different, they had got to apply the knowledge. That was individual—Art belonged to the individual; Science to the mass. In this might be found the reason why some men were successful and some not. In their art they would have to consider the patient, and it was when they had left the hospital that what was in the individual man would come out. Some had the artistic side of their nature well developed, and they prospered; and if a man had a good scientific basis and knew how to apply that to his fellow creature, he was regarded as "a remarkable man." Dr. Wilks proceeded to give several highly humorous illustrations of this distinction between knowledge and its application, and then went on to refer to the literary attacks to which the profession were subjected. He read from his address of thirty years ago, a passage from Carlyle, the vigour and fierceness of which were softened, and resentment dispelled by the delightful avalanche of adjectives which the philosopher showered upon the men who gave him medicine. Passing from this Dr. Wilks impressed upon his hearers that success or non-success depended upon character. A doctor ought to be a man of good character, and to feel the dignity of the profession and the sacredness of his calling in every family he entered. Nothing could be better on this point than the words of Sir John Lubbock, spoken at Guy's last July. It was very remarkable that the public did not see that the character of the man was important, and contented themselves by enquiring as to his cleverness. Then Dr. Wilks referred to the trials to which medical men were subject. They must be prepared to face everything, and not even to recoil from death as a portion of their duty. This particular kind of bravery was part and parcel of a medical man's nature, and he was educated to it during his student life. But inasmuch as medical men were exposed to dangers which were absent from other professions, so a loss had often to be deplored. Guy's had to deplore such a loss in the death of Arthur Durham, and Dr. Wilks made touching reference to his memory, and paid the highest tribute to his powers. Finally, he once more welcomed the new comers to Guy's. He enumerated its many advantages, but over and above all he wished them to understand that no man's education was complete who had not been a member of the Physical Society.

The Chairman then introduced Dr. E. Clifford Beale, who read the following Paper on the "Advantages and Disadvantages of making Mistakes":—

Mr. President and Gentlemen.

Before entering upon the subject that I have to put before you to-night, permit me to say a few words of thanks to you for the honour which you have done me by selecting me to undertake the duty of reading an introductory paper at the beginning of this new session.

I can assure you, Gentlemen, that when I was first asked to undertake it, I was very much gratified, and at the same time very much astonished. Astonished that anyone of the long array of old Guy's students should be chosen for such a duty, who had so completely failed to deserve the recognition of the Physical Society—for when I was at Guy's I was but a silent member. But to these feelings of astonishment and gratification there was yet another added, and that one was a very strong feeling of doubt as to what I could find to say to the Physical Society that could possibly justify the choice of the Presidents in asking me to appear as the reader of a paper to-night. Of purely medical subjects there is no lack; but in the coming session you will have ample material of that kind for discussion, and I may confess to a certain amount of relief on learning from your courteous Hon. Secretary that on an introductory paper there is no discussion. It occurred to me, therefore, that in addressing you to-night I should be much in the position of the parson in the pulpit who, for a brief period, has all the talking to himself, without fear of contradiction, and may preach at his hearers to his heart's content. But on this occasion, notwithstanding the analogy, I do not want to preach. To-night, honoured by your invitation, I am here as one of yourselves, for although my small part on the active stage of Guy's was played out long ago, it is always a pleasure to me to remember that at Guy's I count as a perpetual student. I hope, therefore, that you will accept what I have to say to-night as a student's contribution to the Society; and if I should be tempted to offer a little advice to my fellow-students of to-day, you will understand that I do so only as a senior student, who has had certain experiences forced upon him—experiences which will be pretty certain to come to you in your turn, before you have been very long in practice.

To speak of the advantages of making mistakes may sound somewhat absurd, and I may as well admit at the outset that the advantages are few and the disadvantages are many; but while everybody recognises the disadvantages, I am not so sure that the advantages are so clearly seen, and I should like to-night to harp upon these for a short time. A few years ago you may remember that the late American Minister in London, the genial author of the "Biglow Papers," was entertained at a great farewell reception in the City, and made a remarkable speech in acknowledgment of the many compliments that had been paid him. Speaking of the part that he himself had played during the period of his ministry, he confessed to having made many mistakes. "But, after all," he said, "the man who never makes mistakes never makes anything." I am afraid that the converse of Mr. Lowell's dictum will not hold good. We cannot assert that the man who is always making mistakes is bound to make something. Everyone who succeeds in life, and especially those who succeed rapidly, must make plenty of mistakes; but they must not make the same mistake too frequently. The making of a mistake is only valuable when it serves to fix a fallacy in the mind and to nail it down, as base money is sometimes nailed down to a shop counter, as a reminder that the mistake has been made once and must not be made again. Now, in medical work the opportunities for making mistakes beset one at

every turn. We have to do not only with a very complex machine, the complete internal details of which we are for ever striving to ascertain, but never fully making out, but also with the far more difficult problems of the power which sets this marvellous machine in action and controls, alters, or stops the machine altogether by processes at which we can often only form a guess. No wonder, then, that we are so frequently in error when we try to be positive as to the exact causes of this or that irregularity, or that we fail to set it right when we put our erroneous notions into practice. Hence it comes about that as time goes on, our experience of past mistakes expands to such an extent that, if we have indeed kept account of them, nailed them down to our mental counters and made resolves that they shall not be committed again, we are apt to become appalled at their number and to be haunted in our practice by the ghosts of former errors, which rise up at inconvenient moments and warn us of the dangers of too confident diagnosis.

Gentlemen, I often look back with a feeling akin to envy to the days when I was House Physician at Guy's, and was not in any way hampered in my judgment of cases by the haunting recollection of past errors. House Physicians and Surgeons, whether at Guy's or elsewhere, are proverbially confident in diagnosis, and it is possible that they are at times a little impatient with their Physicians and Surgeons for hesitating to confirm them, or for being in doubt where there seems to be no possible doubt whatever. But I believe that this hesitation and doubt are but the outcome of caution, born of accumulated mistakes.

In the course of an introductory paper delivered to one of the medical societies last year, Sir William Savory astonished some of his hearers by the apparently bold assertion that all the mistakes made in diagnosis were the outcome either of ignorance or carelessness.

No doubt this statement of the case, although it sounds so severe, is a true one in the main, for in our work even the most learned Physicians and Surgeons must confess to a vast amount of ignorance, but it is ignorance of the unknowable for the most part. Carelessness, on the other hand, is not protected by any such impassable barriers as is the scope of knowledge, and errors that are due to carelessness must be classed as avoidable. How are we best to avoid such errors? I should answer—by making plenty of mistakes, while we are able to make them without personal discredit to ourselves, and by learning what constitutes medical carelessness, while we can do so with a minimum of inconvenience to others. Now, when I speak of personal discredit, I should like it to be very clearly understood that I hold it no discredit for those who are learning a profession to make mistakes. Mistakes which are made in practice in after life undoubtedly bring discredit upon those who make them, but this discredit might or ought to have been in many cases avoided by the making of the same mistake during the student days. No doubt it is a somewhat trying ordeal to have to run the gauntlet of chaff and sarcasm which is sometimes meted out to the bolder student who hazards an opinion or gives an answer in the presence of a number of others which turns out to be absolutely or even ludicrously incorrect. Well I remember the dismay of an old fellow-student of mine who for the first time had encountered the formidable word "borborygmus." Unwilling to appear ignorant of a term which appeared to be familiar to everyone, he tried to solve the mystery for himself, and somehow managed to get it fixed in his mind that a borborygmus was some new kind of microbe. The question being put to him shortly afterwards whether borborygmi had been noted in an obscure abdominal case, he replied in the presence of the bedside crowd, "he had not had time to put any of them under the microscope." Need I add that the significance of that very descriptive term was nailed down in his mind from that day forth.

It has always, to my mind, been one of the many points of superiority of the Guy's Medical School over any other, that no vexatious restrictions are placed in the way of its students as to the time which they may devote to clinical study in the wards, and I have always attributed the very practical character of the full-fledged Guy's man, who enters practice and succeeds from the very first, to the fact that he has had such large opportunity of seeing for himself what many others are content to read of in books. Looking back at the early start of many of my contemporaries, I can point to several who have made their first start in practice confidently and successfully, and who have gone on as they began, steadily advancing to the front.

Looking still further back in their careers, to the time when they were gaining their experience in the crowd of students, I can point with equal confidence to the fact, that these were the men who were most often the cause of momentary merriment for the bold way in which they dashed into the midst of every subject under discussion, and most frequently made mistakes in their attempts to get the rights and wrongs of such subjects into their heads. Nor was it alone in the matters of academic discussion that they rushed in where the more cautious feared to tread. In the minor operations of surgery, I can well recall some of my friends who have since become the most skilful of manipulators, who yet were so overcome by nervousness in their student days, that it must have been no small matter of anxiety to the surgeon who entrusted them with the knife, to watch the tremulous vagaries of that weapon when brought into close proximity with parts that were not intended for removal. Somehow, notwithstanding the shaky hand, I do not remember to have seen much mischief done, and the worst result that happened was the fire of chaff that found its way into the dressers' rooms, when the events of the day came to be discussed.

The next time the knife was taken in hand, the hand was steadier, and long before the student days were over, the hand was as steady as it is to-day. Success came as the natural consequence of the wisdom which

emboldened the class of men whom I have in my mind to make mistakes at the time when mistakes could, and ought to be made. But how about another class of man, of whom also I could cite some examples, to whom the fear of "making fools of themselves"—in other words: the fear of making mistakes—was greater than their desire for the acquirement of knowledge or dexterity? Well, Gentlemen, I know that in many cases they have had to make their mistakes sooner or later, and have suffered from some of those disadvantages of which I propose to say a few words directly. From what I have said, you will see that if I were asked to give advice to present Guy's men, it would be "make plenty of mistakes while you can, and profit by them. If you do not, you will have to make them a little later in life, and then you won't profit by them."

In the short time which is allotted to us for learning such a large subject as clinical medicine, we are always a little too apt to study disease as disease, and to think too little about the patient in whom the disease is manifest; but in practice it must be remembered that however much interest we may still take in the disease, the object for which we are called in and for which our fees are paid to us, is the treatment of the patient. It is a mistake therefore to try to acquire knowledge of disease, without at the same time studying the patient, and this mistake is best avoided by systematic clinical study. The experience gained in the wards and out-patient rooms, during one's student days, is simply invaluable in after life, and it may be increased tenfold if it be acquired on a steady system. Not by dodging about from one set of wards to another, and by going round with one physician on one day, and with another the next, but by steadily watching a definite set of cases, not too many at a time, and seeing them through from start to finish, whether that finish be in the convalescent home or the post-mortem room. By so doing, a definite picture of typical cases becomes photographed on one's mind, and I know that these mental pictures will be found to stand the test of time and not to fade, even though many similar pictures may be taken upon the same mental plate. Such pictures are not only valuable for practical purposes after one's days of pupilage are over, but they stand us in good stead at examinations; but to be serviceable, the impression must be thorough, and this thoroughness can only be obtained by close observation, and by asking for information when we want it, even though we display our own ignorance in the process.

Although, as I have shewn, the recollection of past mistakes may assume inconveniently large proportions, it is nevertheless a decided advantage to register those of them which involve important consequences not only mentally but also by means of written notes. The very act of writing a memorandum of a mistake serves to fix it in the memory for a while, and the actual record itself remains for future reference when the remembrance of it has faded away. Note-taking, whether as a means of recording one's mistakes or registering clinical facts, is an art well worth acquiring, and now that transatlantic ingenuity has supplied us with portable writing materials, our notes can be made at any time and place. Whether the use of shorthand is an advantage or not is, in my mind, an open question. One thing is quite certain with respect to it; it is very soon forgotten if it is not constantly practised. The possession of reams of shorthand notes may serve in after years as a splendid monument of our former industry, but the notes will serve no other purpose if we have forgotten how to read them. The taking of laborious notes of lectures, whether in short or long hand is in my experience an economic error. Lectures are intended to be listened to, and if the general subject of the lecture be read over in a text-book beforehand, careful listening will be more advantageous than the most elaborate attempts to take the lecturer's words down on paper.

By far the most useful class of notes are those in which we record our own personal experience of cases, supplemented it may be with a running commentary of one's views respecting that experience, but such notes must be taken then and there and not be left to be written up afterwards. Notes thus "written up" are apt to degenerate into the hazy and imaginative style, characteristic of a young lady's diary on her first visit to Switzerland. An accurate record of facts as they occur, even though at the moment some of them may seem trivial, should be the aim of the clinical note-taker, and the habit of taking notes of that description will be found of the greatest service in practice. Patients as a rule like to delude themselves with the idea that their doctors know all about their constitutions, and they do not stop to inquire how it is that their bye-gone aches and pains are sometimes so clearly recollected by the doctor when they themselves have forgotten them. But to whatever uses we may put our clinical notes, it is above all things necessary that they should be kept on a regular system just as clinical study itself should be regulated, and without the means of getting at them when wanted, by means of sub-division and index, the best of notes may be but so much waste paper.

Let me refer for another moment to manipulative mistakes. We all of us at some period of our student career have had abundant opportunities of learning to use the surgical instruments which find a place in every pocket-case, and some of us have been privileged to become familiar with the more formidable weapons in the surgeon's armoury. In the operative surgery classes, in the surgery, and finally in the wards, and perhaps in the theatre, we have learned to use them under the eye of the surgeon, and by dint of making mistakes have learnt to use them properly. As a hospital physician, both at a general and at a special hospital, I have had the fact frequently forced upon my notice that many qualified men are by no means so skilled in the use of some of the more strictly medical instruments, such as the opthalmoscope, the otoscope, and the laryngoscope, as they might be. Taking a special interest as I do in the very numerous and troublesome diseases and ailments

that affect the throat, I have on many occasions been struck with the fact that so little curiosity seems to be evinced as to the causes of such common conditions as loss of voice, sore throat, difficulties in swallowing, and so on. The symptoms are recorded in the ward notes, but there the matter ends, indeed I have often observed that loss of voice is not even mentioned, still less has its cause been investigated. In the case of ear affections this is even more remarkable. The patient is deaf—that is all. No doubt this disregard of the cause of such obvious conditions is an outcome of old tradition. Our grandfathers did not trouble themselves as to the cause of aphonia and deafness, and why should we? But our grandfathers lived in times when at the best they could only guess at the pathological cause of such conditions, whereas we live in times when we may, if we will, make sure of them by actual inspection. But this process of inspection, especially in the case of the throat and ear, is not easy.

Everybody who has tried it knows that it is seldom easy, and often impossible, to see into a diseased larynx, and it is oftentimes a matter of patience and perseverance to make out the exact conditions of a damaged ear or an abnormal eye. Hence I am afraid that there is rather a tendency to assume that the game is after all not worth the candle, and that life is too short, or at any rate, the time of study is too limited, to trouble oneself much about the vocal cords or the optic disc. I know that far more men give attention to these things at the present day, and that the various 'scopes are looked upon with far more respect than they used to be. But I am quite sure that, however much they may be respected at the present day, they are still not nearly enough used.

Now, I should like to take this opportunity of stating my own opinion, as I can do so for once without fear of contradiction: that for whatever line of practice a man may be preparing himself in the future, the facility of using the clinical instruments will well repay any trouble that may have been caused in acquiring it. When once a certain amount of facility is gained, it is rarely altogether lost, and a very little practice from time to time is sufficient to keep it up, and what I would insist on is the fact that the moderate amount of skill to which everyone may attain is well worth the labour, the difficulty, and perhaps the ridicule, that may attend the process of its attainment. Especially is this the case to those who have to practise in places where specialists do not abound. Patients nowadays, even in remote parts of the country, are not so much impressed with the omniscience of the doctor as they used to be, and they are well able to discriminate between an opinion given in general terms without special investigation and one which is pronounced as the result of careful clinical examination.

Here, again, my memory supplies me with instances of Guy's men who have made their mark in the best class of general practice in country towns, and who have found the want of this facility of which I am speaking stand so seriously in their way, that they have actually spent some of their hard-earned holidays in visits to Continental schools, where their shortcomings would not be noticed, in order to pick up that very facility of manipulation which Guy's was ready and willing to give them in their student days, if only they had realized the advantage of acquiring it. Just as in the handling of certain other instruments, such as the cricket bat, the fishing rod, or the gun, so it is with the medical and surgical instruments, the longer one postpones the learning to use them the more difficult it becomes to use them well, and the more irritating are the failures and mistakes that attend the process of learning.

There is another class of mistakes, which, to us as students, presents greater advantages than any other. I allude to the mistakes of our teachers. I have already referred to certain conditions under which our teachers may seem to us to be erring through ignorance, and have shewn how that apparent want of knowledge may be due to the recollection of previous mistakes, but it does sometimes happen that failure in diagnosis or in treatment may occur as the result of other causes than that of excessive caution. Such errors will naturally afford us food for a certain amount of complacent reflection. It is always consoling, when things have gone wrong, to find that the blame attaches to those in authority and not to ourselves. It is in the post-mortem room that errors of diagnosis and of treatment, whether medical or surgical, are most frequently brought to light, and it is there that such mistakes should be carefully studied and stored up in the mind for future avoidance.

A few years ago a good deal was said as to the necessity for the possession of a degree in medicine or surgery in order to start successfully in practice. For my own part I think that the commercial value of a degree is much overrated. Such a decoration may indeed give a start and may even help to "make the running" during the first few months, but no degree will suffice to keep the pace up, unless it be founded on a good sound basis of clinical experience and supported by common sense. Our patients expect us to relieve them of their ailments, and are not satisfied with the empty reflection that we know all about them. The respect for the title of doctor is, in my experience, only so long maintained as its possessor shews himself not only learned but painstaking to use his learning for the benefit of his patient. Especially is this the case at the outset of practice. The University graduate who starts with a lofty disregard of minor ailments and condescends only to take an interest in what he terms good cases, makes a very great mistake, and will soon find himself left behind in the race by his neighbour, the licentiate with the red lamp, who does his best to investigate and relieve every case as it comes before him, no matter how trivial or even contemptible it may seem.

One of the many mistakes which we are liable at all times to be led into, is the tendency to study our profession in too scientific a spirit, for that spirit is apt to run away with us if we do not keep it in close check. This

is, perhaps, less often the case in our Guy's School than in some others, for we happily have never been encouraged to use long words in preference to short ones, and we have learnt not to accept every new theory as of necessity a heaven-sent revelation, even though it has been started by a Guy's man. But with every succeeding session, scientific research, whether it be biological, microscopical, or chemical, tends to become more and more minute and elaborate, and the theories founded thereon more and more intricate and attractive. The danger thus arises of being led away from the seemingly vague and indefinite teachings of clinical observation to the apparently more accurate and precise demonstrations of the microscope, the cultivation plate, and the chemical laboratory.

Convincing as some of the results of experimental research appear at first sight to be, it is generally advisable to pause a little before we accept them in the place of some of our well-grounded beliefs. Even if we do accept them, are we quite sure that we really advance in knowledge by so doing? Only a few months ago a debate took place at one of the scientific societies, and much high-sounding talk was expended to account for the death of an unfortunate schoolboy, who had suddenly collapsed after great exertion. The most indefinite chemical and physiological processes were referred to by some of the speakers in a tone of confidence that almost made us believe that we really knew why the death took place. It fell to the lot of one of our Guy's Staff, however, to break up these fond imaginings. With true Guyite candour he shewed us, in a few words, that all this fine talk was but "schall und rauch," as Goethe put it, and that these subtle chemical combinations were in reality no more tangible and comprehensible than were the "vital fluids" and the "animal spirits" of the physiologists of the last century.

Experimental research is, however, gradually working out for us the explanation of many things which we know as rough facts, just as our fathers did before us; but the facts remain to be dealt with, even though rival schools may offer different explanations.

The great discoveries of our day, such as the identification of the micro-organisms producing anthrax and tubercle, although they have explained to us many of the puzzling points in connection with these diseases, have not as yet brought us much nearer to success in treatment than we were before. The clinical features and the necessity for prompt treatment in cases of charbon, were recognised and practised at Guy's long before the bacillus was demonstrated, and the same may be said of phthisis, many of the descriptions of which, written over two hundred years ago, are perfectly applicable to cases in the wards to-day. What the future may have in store for us we know not, and it is sufficient to us that we get a good grip of the knowledge of to-day, but we must take care that we get hold of the true lines of guidance and do not allow ourselves to stray off into bye-paths of speculation until we have fairly trodden the main road which we are all of us bound to become familiar with.

Real progress in medicine and surgery is slow. Bold theories, which seem to carry it forward by leaps and bounds, are followed in their course by the incontrovertible results of practical experience, which often fail to substantiate them except in slight degree. Hence the rate of progress follows a rough rule of three steps forward and two steps backward. To the student who would try to keep pace with this irritating rate of progression I would say emphatically, "Don't." Such an attempt must only lead to unlearning and confusion of mind, and I think that we should all agree in this, that there are quite enough hard facts to be learnt in the few years at our disposal without overloading the brain with still harder theories, many of which will have to be unloaded again, and may in the process bring to the ground some of our carefully-packed stores of information. In our work of medical and surgical practice we have to do with things as they are, and not as they ought to be. Hence the paramount necessity of studying them as they are and as we find them in the wards, the out-patient rooms, and the post-mortem room.

The temptation to turn aside from these intensely practical paths of study and to roam in the fields of speculation in pursuit of a micro-organism or a toxin, which shall explain the cause of this or that rigor or rise of temperature, is no doubt very great. But it is a mistake for the student who wishes to prepare himself for steady practice to yield to its fascination. If we look back to the summarised literature of the last five years in how many of the Epitomes, Centralblatts and Indexes shall we not find the most positive assertions with respect to newly discovered micro-organisms? How many exact definitions of the properties of fresh chemical combinations? And yet within a year or two how many of those positive discoveries, as perhaps their proprietors would term them, have been put to the test and found wanting, and have quietly floated away—like Hans Breitmann's "Barty"—away in the Ewigkeit. But how, it may be asked, is one to know whether the new discoveries and the ingenious theories are worth studying and remembering as they come before us in such rapid succession? To that I would answer, that until they are accepted by the responsible leaders in the schools students had better not trouble their heads about them. If a micro-organism can only be seen in Berlin and is invisible in London, or if by precisely the same processes physiological chemists in Paris and Vienna arrive at directly opposite conclusions; or if, as has been known to occur, equally skilled observers are unable to agree about appearances which are actually placed before them, is it worth your while as men who have much to learn and but little time to learn it in, to occupy your minds with the details of such controversial matters? Long before these micro-organisms or these chemical processes can be of any use to you they will have been accepted and allotted their true place in the scheme of medical study. In the same way, with regard to new

lines of medical or surgical treatment, we should do well to be sure that they obtain acceptance outside their own seat of origin. Real advances are rarely left unrecognised, but fads, whether they be of schools or of individuals, are soon left in the sole possession of their authors.

I am well aware that on certain occasions it is as well to be acquainted with the fads of individuals, when those individuals happen also to be examiners; but I would venture to assert, even though I should call down upon myself the wrath in prose and verse of the Guy's Hospital Gazette, that no one who really knows his work need be afraid of the faddists when, as our parodist hath it, "The College holds its vivâ."

And here, Gentlemen, let me remind you that you have in the Physical Society a most valuable institution by means of which you may find out the limits of actual knowledge, and may separate the wheat from the chaff by the winnowing machinery of open debate. Unlike the members of some of the younger societies which meet in Hanover Square and elsewhere, you start in discussion, if I may say so, without any reputations to lose.

In those younger societies the members are older men, and it not unfrequently happens that untenable theories and wild statements are allowed to pass unchallenged in debate from feelings of courtesy. Now I would not for a moment suggest that in this Society anything but the most courteous feelings should be manifested between the members, but I can conceive that more freedom of discussion is possible between those who are actually learning than between those who are supposed to be already learned. Hence I would look to the Physical Society as the best means for deciding some of those questions to which I have been alluding, viz.:—the relative value of new theories or even the trustworthiness of old ones, and of the soundness of new suggestions for treatment, whether they are worthy of general acceptance or whether they shall take rank as "fads." But, apart from the value of the Society as an airing ground for knowledge that is new, I look upon it as a still more valuable institution for concentrating and assimilating the knowledge that is old and well established. Not until we come to express the knowledge that is in us, either in writing or by word of mouth, do we fully realize how much or how little we really know about any subject, and how much we only think we know. I spoke at the outset of this paper of the advantages which accrue to us, as students, by making mistakes and learning from them. Let me point to the Guy's Hospital Gazette and to this Society, as the fields where valuable mistakes may be made with the pen and with the tongue that may be of the utmost value in after life. Very many Guy's men who have learnt to express themselves readably on paper in the pages of medical periodicals, owe their facility in this respect to their early journalistic errors in the Gazette, and most of our older fellow-students who hold their own in the more important debates of our time, would confess themselves indebted in no small degree to their early efforts in this theatre. That the work of the Society will be carried on with the same earnestness and vigour in the future as it has been in the past I am well assured, and while there will be many who will maintain the standard of its debates and add to the stores of knowledge which it has accumulated, I trust that all its members, however unequal to the task they may feel themselves, will seize the opportunity for testing their oratorical powers, and not be dismayed if at the outset they may meet with difficulties or even failure. Some of my contemporaries may tell you that herein I am preaching that which I did not practice, but I trust that I may be forgiven on the strength of the fact that I have to-night attempted to make some amends for my former neglect, in this, my first address to the Physical Society.

Mr. F. G. Hopkins proposed a vote of thanks to Dr. Clifford Beale, which was seconded by Mr. W. Bligh, and carried amid prolonged applause, which broke out anew when Dr. Gayleard, of Jamaica, rose and asked the Presidents to accept, as a mark of esteem from an old Guy's man, four tickets of the Physical Society, which he had preserved since the Fifties.

A vote of thanks to the Treasurer for his interest in the Society was moved by Mr. C. S. Pantin, who expressed the regret of the members at the Treasurer's enforced absence from that meeting. This was seconded by Mr. C. F. Wakefield, and heartily carried.

Mr. A. M. Daldy, in a graceful and effective speech, said: It is my pleasant part to rise to propose a vote of thanks to Dr. Wilks for coming down here and presiding over the Physical Society meeting this evening. It is an easy task, for I know how completely I have the sympathy of all who hear me. I do not speak of the fifty years during which Dr. Wilks has been working for Guy's: journalists have lately been pulling up the fairest flowers and strongest trees of Society, examining their roots and putting them back in the ground to grow, with the hope that they have suffered no detriment from the inspection. Dr. Wilks had not escaped, but the review, which had lately appeared in a half-penny evening paper, had done him no harm at Guy's. That article had said that Dr. Wilks' success had not equalled his merits. Well, so far as one knew, he was not a member of the House of Lords, nor was he a millionaire, so he had not gained rewards that some men strive for; but if it was any reward to a long life of labour to have his image enshrined in the hearts of some generations of Guy's men with feelings of affection and veneration—well, he had that reward (cheers). If it was any satisfaction or recompense to him to know that generations of doctors were carrying his teaching with them in their practice, armed, in their strife against disease, with weapons put into their hands by him—well, Dr. Wilks had that reward. He comes down here now he is Consulting Physician when many men might have thought they might give up labouring. Twice a year he presides at these meetings, and shows his interest in us in every possible way. With him—the father of Guy's—as our representative, we

have been advancing this last ten years; but there is still one further advance to be made, and it is in a department in which Dr. Wilks is especially interested. They have given us Students a splendid Dental School, Chemical and Physiological Laboratories, and so on, and now there is required a new Pathological Museum. We have at Guy's a collection of specimens only excelled by those of the College of Surgeons. People coming down here think very little of them, however. And why? Because the specimens are housed in a dark room, in dark, and sometimes dirty, corners. Our curators are doing all they can, and are making our specimens more attractive and valuable, but what we want here is a Pathological Museum which shall vie with and excel the finest museum in London, excepting, of course, the College of Surgeons. I only mention this from the fact of Dr. Wilks' association with this branch of Medicine. I beg to propose now that we pass him a hearty vote of thanks for presiding over our meeting to-night, and for speaking as he has done. This having been seconded by Mr. J. A. Howard, the vote was carried with enthusiasm.

Dr. Wilks tendered his obligations to all and to the mover and seconder of the vote especially, for the kind terms in which it had been proposed. He said, "I accept Mr. Daldy's words; I have reaped my reward. If there is anything I have worked for it is the approbation of the members of my own profession and of no others, and what Mr. Daldy says is right; if I have had that, I ought to be thankful, and I am thankful." And then Dr. Wilks went on to apologise for occupying the position he did that night, and to suggest the question whether the time had not arrived when the Society might introduce some new blood. But the meeting would have none of it. "It has become," continued Dr. Wilks, "a sort of habit now for me to come here, year after year, and I have no doubt I always say the same thing over again." However that might be, the meeting had been highly delighted to hear the same things from the same man, and did not disguise the fact. "Well, I am much obliged to you," was the parting benediction and the signal to disperse, just as the clocks in the steeples chimed ten.

NOTES OF AN INTRODUCTORY LECTURE TO DENTAL STUDENTS, OCTOBER, 1893.

By W. A. Maggs, Esq., M.R.C.S., L.R.C.P., L.D.S.

You, gentlemen, who are strangers amongst us, are to be congratulated upon your choice of a school. You will find at Guy's Hospital Dental School opportunities and advantages, which, if seized upon, will make you competent practitioners—aye, even more, Dental Surgeons of the first rank.

The Royal College of Surgeons of England requires you to attend the practice and lectures of this Hospital, during two years, and considering the numerous subjects of the curriculum, and the high standard of the theoretical, operative and mechanical work demanded at the examination for the License in Dental Surgery, the time is none too long. Indeed, it will not be surprising if the compulsory period is lengthened by the College at no distant date, and especially since the minimum hospital attendance necessary for the Conjoint diplomas was raised last year from four to five years.

The available time for practical work, lectures and dissections, is limited to eighteen months. That is to say, there are nine working months in each year, deducting the vacations of April, August, and September. This calculation is exclusive of the probationary period of at least one month.

No doubt many of you will accomplish your ends in a masterly manner during your two years' stay with us, but it will not be without great diligence from the beginning to the end of your studentship.

In passing, I may mention that it is advisable, in my opinion, that first year's students should begin dissecting as soon as possible. This recommendation is given to economize your time, as you are not permitted to operate during the probationary period, and it is most desirable that you should not go straight from the dissecting-room to operate upon the living subject.

Smiles' "Self-Help" is probably familiar to you all, and you will find amongst the numerous instances of exceptional achievements by great men, that their successes were mainly due to industry and perseverance. These qualities cannot be inculcated too early in your career.

Two conditions are necessary for success in life. The first and more important is, a thorough knowledge of your profession; the second is, a knowledge of mankind. If you turn your thoughts to unsuccessful men, I think you will acknowledge that all, or nearly all, lacked one or other of these essential conditions.

I have already said that you have at Guy's Hospital every facility and opportunity of acquiring a sound knowledge of your profession, but it depends upon you individually to make good use of these privileges. One of our greatest surgeons was asked by a student, when leaving a London Hospital, for a testimonial. It was given him in these words:—"Mr. —— has been a student at —— Hospital for five years, and he has enjoyed unparalleled opportunities." I trust that none of you will deserve such a disheartening acknowledgment of your work.

Carlyle has defined genius as "the capacity for taking infinite pains." Now, the greatest accuracy in every detail is of the utmost importance in all our operations, and every one of you must cultivate the power of taking infinite pains.

It is necessary for you to be systematic in your reading and work, and you must not pursue one branch of learning, or practice, to the detriment of others, simply because it may be congenial to your tastes.

In reference to the study of Dental Anatomy, you will find it more and more interesting as you become more familiar with the subject. The teeth of man and animals have been sedulously studied by some of our greatest Anatomists—Hunter, Bell, Owen, Flower—and as

specialists it behoves us to possess a competent knowledge of Human and Comparative Dental Anatomy.

The last edition of Tomes' Dental Anatomy is the text-book which you must know thoroughly, for it contains in brief what is most important, and Tomes is the authority upon the development of the teeth of man.

Owen's Odontography is a masterpiece upon comparative work, and the copious illustrations are unsurpassed in accuracy of detail, and in fineness of execution.

Underwood's Notes are a carefully compiled epitome upon human work, and are useful to the student.

The official guide-books to the galleries of "Fish and Reptiles," and "Mammals" of the Natural History Museum, can be purchased for a small sum, and they may be read with much profit in connection with any of the above-named works.

Guy's Comparative Anatomy Museum contains nearly all the characteristic specimens, showing the typical dentitions amongst vertebrate animals. The collection is in good order, and there is an excellent catalogue.

I trust you will all become fully acquainted with the specimens, and that you will pay some visits to the museums of the Royal College of Surgeons and the Odontological Society, and also the Museum of Natural History.

Guy's Library contains a large number of works dealing with our speciality. Indeed it is not too much to say that most of the standard works of reference on Dental Anatomy, Dental Surgery, Mechanics, Metallurgy and Anæsthetics are to be found there.

The monthly periodicals are also received, namely, "The Journal of the British Dental Association," "The Dental Record, and the "Transactions of the Odontological Society of Great Britain."

If you feel at any time the want of any work on Dentistry, make it known to a member of the Staff, and if approved by the Library Committee, it will be obtained for your use.

CALENDAR OF COMING EVENTS.

Oct. 7.—1st XV. *v.* Rosslyn Park, at Honor Oak Park.
2nd XV. *v.* Wickham Park, at Lee.
1st XI. *v.* Beckenham, at Honor Oak Park.
2nd XI. *v.* East Grinstead, at East Grinstead.
Guy's Hospital Debating Society. College Smoking Room at 7.30.

,, 11.—Certificates for Registration as Medical Students to be brought to Medical Office by this date.
Third Conjoint Examination begins.

,, 14.—1st XV. *v.* Blackheath, at Rectory Field.
2nd XV. *v.* London and Westminster Bank, at Dulwich.
1st XI. *v.* Barnes, at Honor Oak Park.
Meeting of the Physical Society, "Ulcerative Colitis," F. J. Coleman.

,, 18.—1st XV. *v.* Cambridge, at Cambridge.

Review.

The Physiologist's Note-Book. By Alexander Hill, M.A., M.D. (London: C. Griffin & Co.)

Many a man after struggling for some time with the mazy eloquence of our English text-book of Physiology, has in the end to own himself beaten and to acknowledge that he knows no more of the subject at the end of a volume than when he commenced reading it; and yet it is a pity if he gives up the book in despair, for no work in any language presents such a complete and impartial account of the present state of modern physiology as does Foster's text-book. The publication of this "Note-book" by Dr. Hill may, it is to be hoped, lead men back to their old allegiance, by tabulating the main facts and arguments of the science, and so acting as a guide and companion to the famous text-book. Dr. Hill states in his preface that the notes are practically in the form in which they have appeared on the black-board for the fifteen years during which he has taken a repetition class in physiology. They bear witness to the excellence of his class, and contain a summary of all that is to be found in English text-books and journals. Of course, originality is not to be looked for in a book of this description, but the work would be certainly improved if some of the more important results of recent work in foreign laboratories had been referred to. The value of the book is enhanced by the presence of a large number of simple diagrams to illustrate the main facts set forth. We have, however, come across some remarkable statements which might be corrected in a future edition—that, *e.g.*, cerebro-spinal fluid is spontaneously coagulable, that the injection of hæmoglobin causes intravascular clotting, and a few others. The evidence that the fat in the food is deposited as such in the tissues (Libedeff and others) is not noticed at all, and it is stated that the composition of the fats taken in, makes no difference to the composition of the fat deposited in the body.

The references at the bottom of the pages to recent papers published in English, will be very useful to those wishing to enquire at the fountain-head, or ambitious of University Honours.

ACKNOWLEDGMENTS.

"Dissections Illustrated." By C. Gordon Brodie, F.R.C.S. Part II. Whittaker & Co.
"The British and Colonial Druggist."
"The Hospital."
"The Medical Magazine."
"The Medical Times and Hospital Gazette."
"The University Correspondent."
"The Working Men's College Journal."

APPOINTMENT.

Fuller, C. F., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer of the East Woolwich District of the Woolwich Union.

COMMENTARY ON CASE FOR DIAGNOSIS.

Guy's Hospital Gazette, August 19th, page 283.

The chief post-mortem appearances of the case of albuminuria and multiple subcutaneous tumours published in our issue of the 19th August, were as follows:—

The subcutaneous tumours were found to be gummata.

The stomach was congested at its cardiac end.

The intestines were engorged.

The peritoneum was normal.

The spleen, of normal size, was marked by a large depressed transverse scar, and on section was seen to be closely studded with spherical masses of lardaceous material, each one-twelfth of an inch in diameter. Under the microscope, these were evidently metamorphosed Malpighian bodies, in the centre of each of which could be seen a vessel surrounded by a few normal splenic cells.

The kidneys were somewhat enlarged, elastic, tough, smooth, glistening on the surface. There were petechial hæmorrhages beneath the capsule, which peeled easily. On pouring Tr. Iodi on to the cut surface an appearance as of particles of sparsely scattered fine black sand was seen in the cortex, and was evidently due to glomeruli changed by lardaceous degeneration. Microscopically, the glomeruli were all swollen and lardaceous; the basement membranes of the tubules were lardaceous in a few places. The vessels were not distended, nor had they thickened walls. There was a slight excess of intertubular connective tissue, and this was not infiltrated with leucocytes. The tubules were dilated; the secretory cells had dropped out of some of them, in some had proliferated, and, becoming oval granular, filled the lumen of the tube; they stained only faintly; the regular arrangement in a single layer was quite lost, except in a few dilated tubules in which the cells were much flattened.

GUY'S HOSPITAL.

ENTRANCE SCHOLARSHIPS, 1893.

SCIENCE.

First Scholarship, value £150, Philip Turner, University College, London.

Second Scholarship, value £60, George Ernest Richmond, Owen's College, Manchester.

Certificate, Frederick Edward Walker, Guy's Hospital.

ARTS.

(I.) Medical School.

First Scholarship, value £100, Charles Piggott, Bancroft's School.

Second Scholarship, value £50, Albert Evans Davies, Oswestry Grammar School.

Certificate, John Frederick Walker, City of London School; Samuel Dainow, City of London School; Ernest Lewis Lilley, Wyggeston School, Leicester.

(II.) Dental School.

Scholarship, value £30, Graham Scales Simpson, Grammar School, Bishops Stortford.

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

Dr. E. L. A., Tunbridge Wells.—There are a few tubercle bacilli present in the sputum forwarded.

Dr. H., Reigate.—There are no tubercle bacilli in the sputum you have forwarded.

Dr. L. P., Hove, Brighton.—The nucleus of the calculus is a very interesting specimen. The outer portion is formed of a hyaline material, probably inspissated mucus, with a few degenerated nuclei and cells in it. The central portion is probably the remains of a piece of villous tumour; in a degenerated form can be seen villi, covered by columnar epithelium, masses of spheroidal epithelial cells, white fibrous tissue and elastic fibres; columns of epithelial cells can be seen, the cells being distended by a deposition of calcareous material in their protoplasm.

Dr. G. H. S. D., Blandford.—The tumour of the arm is a sarcoma. There are numerous large oval as well as small round cells, and this structure would point to a high degree of malignancy.

Dr. M. J., South Petherton.—There are no tubercle bacilli in the second specimen of sputum, so that, if the disease is acute or subacute, the inference is, that it is not of a tubercular nature.

Dr. R. A., Sherborne.—The specimen shows a mass of tissue, the result of chronic inflammation, surrounded by a thick fibrous capsule, and embedded in striated muscle; the mass is partly organised to fibroid tissue, and shows a good deal of calcareous degeneration; it is probably not a lymphatic gland; it might be due to tubercle, but more probably results from the irritation set up by a parasite (cysticercus cellulosæ).

Dr. O., Blechingley.—Tubercle bacilli are fairly abundant in the sputum forwarded.

F. H. S.—No casts can be found in the specimen of urine sent. PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. Hunt, Gazette, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

PAVY GYMNASIUM.

The Annual General Meeting will be held on Monday next, October 9th, in the gymnasium at 1 p.m. Agenda—

1. Hon. Secretary's Report and Balance Sheet.
2. Election of Officers.
3. Consideration of the formation of Fencing Classes.

All members interested in gymnastics and boxing are invited to attend. H. J. SPON. Hon. Sec. & Treas.

We regret that by a clerical oversight the name of George Minter-Brown was omitted from the list which appeared in our columns of those who passed in Elementary Physiology at the First Conjoint Examination, July, 1893.

Passim.

The first meeting in this Session of the Debating Society will be held to-night, October 7th, at 7.30, in the Smoking Room, when Dr. Pavy will kindly take the chair. The subject for debate will be the proposal of Mr. R. O. Moon, M.A., "That in the opinion of this house the influence of the House of Lords has been detrimental to the best interests of the Country, and that the time has now arrived when that influence should be abolished."

Our readers will be pleased to learn that a lady has lately benefited the Hospital with an anonymous gift of £500.

Punch has spoken; let all men hold their peace.

"Sure, he (Smith) is right, because he is a student at Guy's."

And let not our friendly rivals in Smithfield be hurt at the sequel:—

"Now, he (Jones) is a student at Bart.'s and probably knows as much as Smith."

But let them with their inborn magnanimity allow the doubt cast on their comparative ability on reflecting, by way of compensation, that whilst the poor student of Southwark can never write himself down as aught than a Guy, the aristocrat of Smithfield can always put Bart. after his name!—*Vide* Punch, Sept. 20th, 1893.

An important addition to the sanitary resources of Guy's is to be found in the Waste Destructor which Dr. Perry has lately had placed in the boiler house. Hitherto, the destruction of the many abominations, which are apt to accumulate in a hospital dustheap, has been carried out in a desultory and unsatisfactory manner. The new destructor is not only exceedingly efficient for this important purpose, but also functions as the furnace to one of the boilers, thus tending to economy in the matter of fuel. It was, we believe, designed by Dr. Perry himself, in conjunction with Mr. Kirkland, our Consulting Engineer, and has, as a special feature, an arrangement for burning infected mattresses. To those who are specializing in Public Health the destructor should prove a valuable object lesson.

Many of our senior readers will see with regret the notice of the death of Mr. White, at Hanwell, on August 6th. Deceased, who was in his eighty-first year, was engaged for more than sixty years in the Pharmaceutical Laboratory here at Guy's. He retired upon a pension about ten years ago, carrying with him the respect and goodwill of all who knew him.

Though everyone hearing Dr. Clifford Beale's paper must admit the power of the writer's diction and the force of his argument, and some, no doubt, will in future look forward to their mistakes as a means to increasing and making surer their grains of knowledge; yet not a few, we feel, will disagree with his advice that the rising generation should eschew scientific research and the acquaintance with "bugs." Surely Dr. Clifford Beale cannot fail to recognise the stimulus to, and insight into, medical knowledge given by the bacteriological researches of late years, without which we should be no more learned than our forefathers, and the pursuance and perfection of which must afford us a great part of our future knowledge. It must be generally agreed that the clinical observer can have no better nursery than the laboratory. Why, then, give up the microscope slide and the cultivation plate?

HOUSE APPOINTMENTS.

The following appointments have been made by the Treasurer:—

House-Physicians.—Messrs. H. Cooper (Dr. Hale White); J. H. Muncaster (Dr. Pye-Smith).

Assistant House-Physicians.—Messrs. W. J. Harris, and G. F. Still.

House-Surgeons.—Messrs. W. Bligh (Mr. Howse); T. D. Lister (Mr. Davies-Colley).

Assistant House-Surgeons.—Messrs. R. H. Luce, and H. C. Sharp.

Obstetric Residents.—Messrs. E. T. E. Hamilton (October), A. J. Sharp (November), F. Hazell (December).

Hospital News.

IN THE WARDS.

Under Dr. Goodhart.

Mary 21.—P. A., æt. 24, married, youngest child three months old. Admitted September 13th for pain and swelling in joints. Her brother has had rheumatic fever. Three weeks before last confinement she noticed swelling of both ankles. Eight weeks ago she had a "diphtheritic" sore throat. Three weeks later she had pain and swelling in her knees, legs, arms and hands, and a few bright red spots appeared on her knees. Next day these had spread down her legs to the ankles, and many had run together to form blotches. These gradually faded and were followed by fresh crops. She found that if she stopped in bed she had less pain, and the spots were less numerous. On admission, both ankles and legs and the back of the right hand were swollen and painful. She is rather anæmic-looking. Temperature, normal. The front of each leg is covered with purpuric spots, which are slightly raised above the surface, in some cases they are single, small and circular; in others many are fused together to form an irregular red blotch. A few spots are present on the front of the ankles: none elsewhere. No murmur. Urine normal.

19th.—Spots nearly all disappeared, a few only, of a yellowish tint, remain. Mist. Ferri. Salicylatis ʒj. t.d.s.

26th.—Patient got up this morning from nine till one. Soon after getting up she had tingling and pain in the legs, especially the right. This continued till she went to bed. At three p.m., a fresh crop of spots were present on both legs, chiefly situated on the front of the tibiæ; and extending on the left side as high as the middle of the thigh, on the right side up to the iliac crest. None on the trunk. Dr. Goodhart remarked on the rarity of the case, and proposed getting her up on a future occasion with her legs bandaged. This has not yet been tried as she had to go out on October 1st.

Philip 1.—Mitral Regurgitation, Acute Pericarditis—F. R. æt. 7, admitted September 19th, for "enlarged heart." Father has had two attacks of acute rheumatism. Child has always been healthy. Measles 18 months ago. No other illnesses. Present trouble began Christmas, 1891, by cough and shortness of breath; this got better next spring. Similar attack the following year. On September 5th he had a bad cough and was unable to lie down in bed, gradually got worse and lost his appetite.

17th.—Had pain and swelling in left ankle, knee and elbow; this disappeared during next two days. On admission, he looks very pale and anxious. Orthopnœa. Pulse, 100, regular. Impulse in sixth space, one inch outside nipple. Cardiac dulness extends up to third rib. Loud systolic, and a softer diastolic bruit at apex; triple sound in aortic area; well-marked pericardial rub at ensiform cartilage. A few rhonchi in chest. Liver slightly enlarged and tender.

21st.—Cardiac dulness extends out one inch beyond nipple line, and resonance is impaired as far as midaxilla. Marked bulging of cardiac region. Temperature, 100°.

23rd.—T. 104·4°. Less dyspnœa. Cardiac dulness has extended up to second space, and inwards to right border of sternum. Rub still well-marked. Præcordia tender.

26th.—Orthopnœa. Temperature, 102.2°. Pulse 120. Cardiac dulness one inch beyond right border of sternum out to left outer axillary fold. Dulness and tubular breathing at left base. Empl. Lyttæ 3 in. by 2 in. to præcordia.

28th.—Temperature, 99°. Much more comfortable. Tubular breathing less marked. Cardiac dulness nearly reaches right nipple. Rub and diastolic murmur gone. Dulness at left base up to ninth rib, and slight dulness at right base. Dr. Goodhart said that a serious pericardial effusion very seldom required tapping: a large effusion often compresses the left lung to a great extent, and is sometimes associated with pleuritic effusion. He said that the difficulty in diagnosis between fluid and solid in these cases was often great, and described as an instance a case with all the signs of fluid, which turned out to be compressed lung. With regard to treatment Dr. Goodhart recommended opium, and lin. camphoræ locally.

Under Dr. Taylor.

Mary 44.—A. M., æt. 45. Admitted September 18th for dyspnœa. Patient was confined eight months ago. No history of chorea or rheumatism. She has been getting short of breath since April, and very yellow about the face for last month.

On admission.—Patient has a muddy, yellow complexion, conjunctivæ white. A few purpuric spots on front of chest and arms. Temperature 99°.

Circulatory system.—Cardiac impulse in fifth space internal to nipple. Cardiac dulness, normal. A harsh blowing systolic bruit can be heard at apex, traceable into axilla, and heard over cardiac area and at angle of scapula. Pulse 90, fairly good. Blood contains 33 per cent. of corpuscles.

Abdomen.—Liver can be felt reaching down to umbilicus; edge thin; and there is a deep notch over position of gall bladder; surface smooth. The spleen is much enlarged, reaching almost down to crest of ilium; does not reach the middle line.

Respiratory system.—A few scattered râles and rhonchi over chest; expectoration tinged with blood.

Eyes.—A hæmorrhage can be seen on outer side of right optic disc.

Urine.—Blood and albumen present. Dr. Taylor thought patient had malignant endocarditis.

The temperature kept sub-normal; did not rise above 99°. Patient went out of her own accord September 24th practically in same condition.

Mary 50.—L. B., æt. 11, admitted July 24th, for pyrexia, diarrhœa and pain over spleen. July 13th.—Patient complained of a chill, and had severe diarrhœa,

which has continued; for last few days patient has had a cough, and complains of sore throat, and tenderness over spleen.

On admission.—Patient is very drowsy, and irritable. Temperature, 103·2°. Pulse, 120. Respiration, 52.

Two typhoid spots on abdomen; spleen can be felt, tender on pressure, no pain over cæcum (developed in few days). Tongue, furred behind, clear at tip and edges, very dry. Motions, liquid, dark yellowish-brown colour.

Progress.—Patient very drowsy, delirious at times. Fresh spots came out at intervals till August 1st. Râles remained at bases of lungs. Diarrhœa ceased July 27th, followed by constipation; bowels opened by enemata, when confined four days. Temperature kept high till August 3rd, on an average from 102° to 103°. Patient sponged when temperature reached 104°.

Remittent stage lasted till August 8th, intermittent till the 10th, when temperature gradually rose from 98° till it reached 105° on the 12th. The relapse lasted till the 29th, patient going through the whole course—diarrhœa lasting for five days, followed by constipation and spots, leaving patient very much emaciated. The temperature all through was higher than first attack. August 30th.—Patient had toothache; face became swollen; temperature slightly raised. Tooth was removed in a few days time; face became very swollen; a slough was seen in inner side of right cheek and gum, where tooth was removed; mouth swabbed out with carbolic acid and glycerine every half-hour. Corner of mouth sloughed away, only skin left on right cheek. Slough removed with scissors, and painted with fuming nitric acid. Corner of mouth healed, only very little slough can be seen. Patient very much emaciated. Weighs two stone three pounds. Seems very well; takes her food well.

Patient treated with Pil. Acidi Carbolici, gr. v., 4tis horis from July 25th till August 20th.

Stephen 6.—W. B., æt. 52. Admitted into Naaman on August 21st, for piles. Not operated on. Transferred to Stephen August 30th, for headache and drowsiness. Patient had gonorrhœa and soft sore twenty-nine years ago. He has been subject to fits. On May 23rd patient had a fit, when he fell down and cut his head. Has been a heavy drinker.

On admission.—Temperature, 98·4°; pulse, 52, soft and compressible. He is very drowsy; has a bloated expression. Great difficulty in obtaining answers; talks in a drawling way. Complains of pain over frontal region, but defines no limited area. There seems to be loss of power in all limbs, chiefly on left side. Knee-jerks lost. ? Optic neuritis. Slight emphysema of lungs. No albumen in urine generally; trace sometimes found. Patient put on Pot. Iod., gr. v. This was gradually increased up to 25 gr. 4tis horis, with Liq. Arsenicalis m.v., because patient developed a pustular eruption on face.

Patient became gradually more drowsy, would not speak, had to be fed, and passed his motions into the bed.

September 18th, Patient seemed brighter, more intelligent. Optic neuritis well marked.

September 30th, patient became unconscious; had to be fed with nutrient enemata; died October 2nd.

Post-mortem.—Few old cicatrices on trachea, syphilitic.

Lungs.—Emphysematous.

Heart.—Healthy.

Kidneys.—Few cysts on surface of both, and a large depressed cicatrix on surface of right kidney, about the size of two-shilling piece; probably remains of gumma.

Brain.—Large cyst about size of tennis ball, filling up anterior half of temporo-sphenoidal lobe, and, as far as could be made out, pressing laterally on the internal capsule. Walls of cyst caseous in places; fluid clear, dirty-brown colour. Cyst divided into two parts by a thin septum.

Microscopical examination.—Found to be sarcomatous.

Retina removed, intense optic neuritis, and much hæmorrhage round optic disc.

Testes very fibroid.

Brown pigmentation on front of right leg.

Under Dr. Hale White.

Stephen 29.—J. J., æt. 6. Admitted September 25th for headaches and pain in the abdomen. Patient's mother was in Clinical seven weeks ago for hepatic tumour, which cleared up under Pot. Iod. Patient has been ill for the last month, and has complained of pain and tenderness over region of liver; he has also suffered from headaches a good deal. Three weeks ago his eyes became affected, and the right one has remained considerably impaired since.

On Admission, temperature was 100. Patient presented rather a sallow appearance, especially about the ears, which were of a dusky earthy tint. *On examining abdomen, liver* feels considerably enlarged, and there is some slight tenderness on manipulation. On percussion, liver dulness extends above to nearly normal limit; below it extends to near level of umbilicus and merges towards the left into the splenic dulness. On palpation, the lower edge extends in the middle line to within an inch of the umbilicus; towards the right the edge gradually slopes away to the lower costal margin and presents a sharp and well-defined border, traced towards the left it is more rounded and not so evident, and reaches the costal margin at about the eighth rib. About an inch above, and slightly to the left of the umbilicus, there can be felt a knotty protuberance, from which can be traced upwards and to the right a prominent ridge, to the left of which the liver is rather harder than elsewhere, irregular and nodulated; one nodule rather larger than the rest, close to the left costal margin, being especially noticeable. A second ridge with rather more rounded lobulated edge, parallel to left lower margin, and meeting the first ridge at right angles, is also very apparent on palpation.

Spleen can be felt about three-quarters of an inch below costal margin, and moves still further downwards on deep inspiration.

Urine contains no albumen.

Head appears slightly ricketty, especially towards occiput. There are two rather prominent nodular swellings over parietal eminences. There is not much depression over ridge of nose. No scarring about angles of mouth. A marked degree of haziness is present in corneæ; sight much impaired. Patient was almost blind when first admitted.

Circulatory System.—Impulse inside nipple-line: area of cardiac dulness not increased. Sounds normal.

Treatment.—℞ Hyd. cum creta gr. i, Pulv. Sacch. gr. iii. t.d.s. For the first few days after admittance, patient was very drowsy and dull. Temperature on the 21st, 101·2, and rose again on the 30th to 100·6; since then has remained sub-normal, with only slight evening rise. Patient is now much brighter, and his sight improves daily.

October 2nd.—Two hard raised knobs easily felt on surface of liver to the left, while a smaller less-marked one is made out on the right side. Examination of him causes patient very little discomfort.

Stephen 24.—F. B., 28, admitted September 20th for general weakness and shortness of breath. Patient is a labourer, and has done chiefly pick and shovel work. There was rather a strong rheumatic history. Patient, when a boy of twelve, had an attack of rheumatic fever. Last January suffered from an attack of influenza, complicated with a bad cough. Soon after attack, while coughing, there was rather profuse bleeding from nose which lasted from nine to ten hours. Has felt weak and ill ever since his influenza, and his work has tried him a great deal. Has suffered from shortness of breath and palpitations. Six months ago first noticed swelling of his legs, worse at night. Has lost flesh of late.

On admission. — Temperature 99. Patient very anæmic; wasted appearance; purpuric eruption over feet and legs; no œdema of legs at the present time.

Circulatory System.—Rather diffused and heaving impulse in fifth and sixth space, chiefly outside nipple-line; cardiac dulness slightly increased; loud apical systolic bruit traceable well into axilla and heard very distinctly behind at angle of scapula. In aortic area, there is a systolic and musical diastolic murmur to be heard.

Alimentary System. — Tongue moist and not much furred. Spleen cannot be felt. Liver dulness, normal, edge cannot be felt below costal margin. Abdomen slightly distended; no ascites; complains of pain of aching character over region of stomach. Bowels regular. Urine, acid; sp. gr. 1020; contains albumen.

September 23rd.—Patient has been very drowsy since admission. Temperature 99. A very musical diastolic murmur still heard in aortic area; area over which it can be heard extends well over towards the left, and extends some way down towards the apex. Some rather harsh breathing, a few ronchi and subcrepitant râles heard at right apex.

24th.—Mist. Oxymellis Co. ordered for cough, which causes the patient some distress. Murmurs remain as before aortic systolic, heard in right axilla.

26th.—Evening temperature 100·4.

27th.—Evening temperature 100·4.

28th.—Condition of patient remains the same. Temperature 99·6.

29th.—Morning temperature 98.6. Patient complains of headache. His nose started bleeding at five o'clock this morning, and the bleeding persisted all day in spite of application of ice to the forehead. Presystolic bruit present at apex and just below right nipple. A systolic bruit, apparently tricuspid in origin, can be heard; other murmurs remain the same. Purpuric rash over feet and legs has faded away. Liver dulness, normal. Bleeding from nose still continued till death, and during the evening blood came from his mouth. Patient became unconscious about 8 p.m., and remained so until his death at 10·15 p.m.

Abstract of Autopsy.—Brain.—In the right occipital lobe, about ¼ in. from the cortex, was an aneurism about ½ in. in diameter, with some old grumous extravasated blood around it. In front of this was a large clot, about 3 in. by 2 in., ploughing up the substance of the occipital lobe, rupturing into the descending corner of the right lateral ventricle, and coming close to the surface at about the third annectant gyrus.

Lungs.—Right lung normal; left, dotted with patches of blood, which has been sucked down the bronchi.

Heart (20½ ozs.).—Pericardium adherent over L.V. L.V. Hypertrophied and dilated. R.V. dilated. *Tricuspid valve* normal. R.A. endocardium, rough. *Aortic valves*, thick; left posterior cusp, recurved and incomplete. *L.V.* dilated and hypertrophied; fibroid patches in muscle. *Mitral valve*, two ruptured chordæ covered with vegetations; as was right anterior valve. *L.A.* endocardium, thickened. Pulmonary valves, normal.

Spleen (21 ozs.).—Slight capsulitis; substance, soft.

Liver (81 ozs.)—Healthy.

Kidneys (15 ozs.).—Large, pale. Capsule easily stripped off; cortex increased; venæ stellatæ prominent. Subacute nephritis with hæmorrhages into glomeruli. Small petechiæ on surface. No engorgement of pyramids.

RECENT PUBLICATIONS.

Browne (L.) The Throat and Nose, and their Diseases. 4th edition, revised and enlarged. Royal 8vo. Baillière, 21s.

Handbook for Attendants on the Insane. 2nd edition, revised and enlarged. Crown 8vo. Baillière, 2s.

Heath's Practical Anatomy: A Manual of Dissections. 8th edition. Edited by W. Anderson. Crown 8vo. Churchill, 15s.

Jacobson (W. H. A.) The Diseases of the Male Organs of Generation. 8vo. Churchill, 22s.

Murrell (W.) What to do in Cases of Poisoning. 7th edition. 32mo. Lewis, 3s. 6d.

Powell (R. Douglas). On Diseases of the Lungs and Pleuræ, including Consumption. 4th edition. 8vo. Lewis, 18s.

THREE CASES OF HEAT STROKE.

On August 17th, the hottest day of this hot summer, when the temperature in the shade at Greenwich reached 93 degrees F. in the afternoon, there were admitted into Clinical two men and a boy suffering from the effects of the intense heat. The first, admitted at 5.30, p.m. was—

J. N., 40, a muscular man. His history was that while at work at 5 p.m. in the oven room at Spratt's dog biscuit factory he was observed to drop on his knees. His fellows carried him out into the open air, and he revived a little, but became comatose as he was being brought to the hospital. He had started work at 6 a.m., and throughout the day appeared to be in his usual health.

On admission.—Profound coma. Temperature 106·6. Respiration stertorous. Pupils closely contracted (conjunctival reflex is present). Skin pungently hot and dry.

Treatment.—He was placed in an ice-pack at once, and rubbed over with blocks of ice for twenty minutes. The temperature was thus reduced to 94·4° F. Immediately afterwards there was incontinence of fæces. An hour later clonic contractions of all the muscles of the body began, occurring with great regularity at every fourth inspiration, these contractions later became tonic, so that he was rigid, but were varied with severe clonic convulsions. At the end of second hour his temperature was 102°. Pulse very rapid. There were tremulous tentative movements of the hands with such severe convulsions at intervals that chloroform was administered with much benefit. 9 p.m.—The last hour he vomited some iced water which had been given. His movements are tremulous, with great restlessness. He is still unconscious. Inj. Morphinæ hypodermica ¼ gr. Temperature 104·2°. Pulse 150. 10 p.m.—He is becoming semi-conscious, and is calling out loudly, "George, George." Kinati of Quinine gr. iii. One grain in three different punctures was given hypodermically. 11 p.m.—Violent contractions have ceased. Head is retracted, hands are clenched; there are occasional clonic spasms. During the night he was restless, but slept for some time; in the early morning he awoke and was very restless, and noisy, endeavouring to get out of bed. At 6 a.m. he had a very severe attack of diarrhœa; he is semi-conscious, and very restless. 8.30.—Screaming. The severe convulsions are coming on again. Shortly afterwards he became rapidly exhausted, and collapsed; the diarrhœa was continuous and profuse, and he died in a state of profound collapse at 10.15 a.m., seventeen hours from the onset.

Autopsy.—Urine drawn off was albuminous. Liver, advanced intercellular cirrhosis. No other lesion was discovered.

H.D., 2½ years. A sturdy little boy.

History.—He had been playing in the sun all the afternoon, and when he went into the house he was noticed to be "heavy about the eyes." He had a convulsive fit, in which he became blue and dyspnœic, and afterwards threw his arms and legs about.

On Admission (6 p.m.).— Collapse. Vomiting. Pupils equal and contracted. Skin is dry and hot. Temperature 105°. Respiration 43. Pulse 160. Convulsive fit every five minutes, with tremulous movements in the intervals.

Treatment and Progress.—He was packed with ice. Temperature 102°. Pulse 160. 7.30 p.m.—Profuse diarrhœa. Temperature 100°. Pulse 120. Urine albuminous. He was restless at night; but his temperature did not rise again, and he had completely recovered in forty-eight hours.

J.B., 60. Large, powerfully-built, grey-haired old man.

History.—He has been a very heavy drinker, but of late has taken very little; had only one pint of beer to-day. He was at work in one of the upper stories of a leather factory in a room heated by steam pipes. During the day he "felt the heat" very much, and about 5 p.m. he felt giddy and unwell. At 5.30 p.m. he was found unconscious, and was carried out into a cool place and "laid aside" until the day's work was done at 6.30.

On admission (7 p.m.).—Profound coma. Stertor. Retraction of head. Flaccid limbs. Incontinence of fæces. Pupils pin point (conjunctival reflex present). Skin pungent. Temp. 107·5°. Pulse rapid and full.

Treatment and Progress.—Packed in ice for twenty minutes. Temperature 102° F. Lies quietly. When pinched the limbs are drawn up. Tonic spasms of the arms from time to time, lasting three seconds. When held up the arm becomes quite rigid; there is also slight opisthotonic spasm. 9 p.m.—Two epileptiform seizures; he was given a few whiffs of chloroform, which quieted him. Diarrhœa. 10 p.m.—Pulse 126. Temperature 101·2° (both axillæ). Respiration 39. At this time his jaw dropped, his pulse became feeble, and he appeared moribund. Brandy hypodermically, ʒp., revived him. 11 p.m.—He is regaining consciousness; he looks round with a frightened air, and attempts to speak. 12 p.m.—He is very drowsy, and his uretration slow; but he speaks distinctly. He is sweating slightly. Urine albuminous. Sp. gr. 1022. Urea 1·6 parts per 1000. Next morning he had a headache, but he rapidly recovered, and left the hospital in a week. Urine, 1025. Acid. No albumen.

There is a marked similarity in these three cases. Comparing them, we find that the two men who were exposed to great heat, though protected from the sun, were both heavy drinkers. The little boy was directly exposed to the sun.

In each case there occurred—Hyperpyrexia, unconsciousness, clonic and tonic convulsions, diarrhœa, vomiting, albuminuria and contracted pupils. Owing to the profuse character of the diarrhœa, it is not possible to say absolutely whether there was suppression of urine or not. After J.N.'s death, there was a considerable quantity found in his bladder.

An old Guy's man who has seen many cases of insolation in the East, informs me that the victims were, as a rule, heavy drinkers, that profound coma without convulsive seizures was the rule, that diarrhœa did not occur, and that some died in two or three hours. V.P.

Correspondence.

To the Editor of Guy's Hospital Gazette.

CLINICAL WARD.

Sir,—For a long time there has existed in the hospital a feeling that the clinical wards are reserved for the six clinicals alone, and that the presence in them, uninvited, of men not holding that appointment, and more particularly junior men personally unacquainted with the clinicals, is, to say the least of it, a breach of etiquette. That this feeling must have sufficient grounds for its existence is evident from its widespread tenure, and it has been kept warm from time to time by the experiences of individuals who have ventured only to go round the wards in question with the physician, and have generally been somehow made to feel that they were not wanted; this being quite sufficient, in the case of junior men, to prevent them repeating the experiment. There is absolutely no doubt whatever on this point, though it suggests unpleasant reflections; but, of course, it is often very hard to forget the immense social gap between a Clinical Assistant and a clinical clerk. It is to be hoped then, speaking only for the present clinicals, that this feeling will entirely cease. An invitation to visit wards, which are as open to every member of the hospital as any other wards during certain hours of the day, would be a ludicrous assumption of proprietorship, and the only object of this letter is to help in clearing away remnants of this feeling, which apparently still live, in spite of an obituary notice in the Gazette six months ago, and which, if persisted in, would, with good reason, lead to the abolition of the appointment. If the habit of going into the wards without first asking leave is once started by the junior men, they are not likely to object to it later on, when they hold the appointment themselves, and the fact that the clinical wards are never likely to become an ideal examination drill ground is a very sufficient guarantee against over-crowding.

Possibly some confusion has arisen between the clinical wards and the clinical room. The surgical ward clerk, who is always wanting to estimate urea there, in order to save himself a walk to the medical wards, cannot reasonably expect everyone to smile on him, and thus the ward may have suffered for the necessary incivility of the room.

In conclusion, then, it is to be hoped that the presence of others than the clinicals in the wards will shew that another stupid prejudice has joined the large minority.

G. LAWRENCE.

MR. BRYANT.

Sir,—To old Guy's men the short records (and portraits) of former members of the Staff, which are appearing in the Gazette, must be of great interest; and perhaps to some of the younger Guy's men a few reminiscences of those members may be acceptable.

I was delighted to read the short article regarding Mr. Bryant, and should much like to add something to it.

I was Mr. Bryant's dresser in the year 1862, when, of course, he was an Assistant Surgeon; but before that, I had been in the habit of regularly attending his out-patient practice; and there I think I learned more than I have ever learned from any other individual surgeon.

Punctual and regular in his attendance, every Monday and Thursday he would be met walking from the Steward's Office to the Out-patient Room, carrying his great bundle of red note-books, strapped together in a sort of school-boy's satchel, and in those books he could readily find notes of any out-patient whom he had seen, perhaps years before. This is an illustration of the "method" which he displayed in all his hospital work; and, no doubt, in later years these notes assisted him much in his extensive surgical writings. This is worth while bearing in mind—as a lesson.

As regards his kindly, genial treatment of his *hospital* patients, and the influence it gave him over them; from the first, it so impressed me, that I have always borne it in mind, and endeavoured, as far as I could, to follow his example.

But now I should like to say a few words about his qualities as an operating surgeon. I believe he was far in advance of the majority of surgeons as a pioneer of *antiseptic* surgery. He preached the gospel of the strictest cleanliness, especially in operating, and he and his patients reaped the benefit thereof, in the great success which attended his operations. More especially was this the case with regard to his ovariotomies. I think I am correct in stating that no *general* hospital surgeon could show as small a rate of mortality in these operations as he could—at least during the sixties.

Since Listerism (and its developments) created a revolution in the details of operations, and such a marvellous diminution in the death-rate, of course there is less difference in the practice and successes of hospital surgeons, and the strict precautions as to cleanliness, which were perhaps by some regarded with a little contempt in Mr. Bryant's earlier years at Guy's, are now looked upon as essentials, and as matters of course.

One other point. Kindly and pleasant as Mr. Bryant always was with his dressers, he was strict in insisting upon their rigid attendance to their duties, and any carelessness or slovenliness was at once detected, and as quickly pointed out. This was especially noticeable with regard to assistance at operations, when his dressers were kept well on their *qui vive*, and were expected to *anticipate* everything that might be required; the instrument, the ligature, the sponge, must be handed to him without being asked for; and his dressers, knowing his ways, seldom, I think, gave him the chance of finding fault. Surely this was most valuable training in the matter—fore-sight or preparedness.

And one more thing he expected of his dressers, after preparedness and cleanliness in their work, he liked to see neatness in the fixing of dressings or fractures. In those days there were no muslin or gauze bandages, which will fit, or stick on, however irregularly they may be applied; and though some thought Mr. Bryant over

particular, and perhaps even "faddish," in some matters, twenty-five years of active work, as house-surgeon or visiting surgeon, have convinced me that although a neat dresser may "fall off" in later life, the converse does not hold good.

Most heartily do I agree with the wish expressed in the last paragraph of your article.—Yours fraternally,

Liverpool, October 1st. HOSPITAL SURGEON.

THE COMING ASSOCIATION FOOTBALL SEASON.

The prospects of the Association XI. for this season may be put down as decidedly healthy. Of our old men we have Lavers, Lidderdale, Crosby, Stamford, Pendred, Fitz-Hugh and Hewetson left, and we hope to find them all in first-class form. A. M. Daniel is also still in his year, but we fear he will be abroad the greater part of the season. Of the new comers we have to bewail the usual lack of forwards, for at present, though promising rumours are abroad, no new names are to hand. Among the backs we have some excellent new men. First of all N. C. Cooper, the late Cambridge captain, is with us, and he should prove a tower of strength to our half-back line. Then we hear of P. C. Prince, late of Shrewsbury and Caius Coll.; and Carter, of Jesus, late of Surbiton Hill. And here let us remark that we hope they will prove worthy sons of Guy's, and will not allow other clubs to bespeak their services or obtain them in preference to the Hospital, which always ought to have the first claim on them. On the whole, then, we ought to have a successful season, for not only will our team be improved but our fixtures strengthened by games with Wolverton, West Herts, Reigate Priory, etc. We hope to go very near the Hospital and also the Surrey Cups: in the latter competition we meet Barnes in the first round on November 4th. If only we could get hold of some good forwards we should have no fear as to the result.

PROSPECTS OF THE RUGBY FOOTBALL SEASON.

At this time of the year the prospects of the coming football season are always bright, for with October come the freshmen, and some of them must be big and strong. We do care about the number of entries, but we care more about the size of the men, for we stand in need of heavy forwards. There are rumours of a well known Irish International, and of men from the Universities and Schools, but no game has yet been played, and an opinion on their worth would be premature.

Of last year's forwards Ensor and Covernton will be "out of their year," but the remaining seven are all ready for the field.

Our backs are safe, there will be no breach in their ranks if Jackson plays; at half, Stewart and Jones are here to play again the parts they played so well last year. We cannot help admiring Jackson's devoted attachment to his old schoolfellows, but no Guy's man can doubt even for a moment that his duty towards the hospital which is training him, and towards the fellow-students who now surround him, should influence him more than the call from a club which he has done more than enough to satisfy.

Among our three-quarters Hancock and Bell are sure to be conspicuous, and standing in the centre of our field the captain of the XV. will have a good position for watching the play and directing the game. It is very doubtful who will fill the vacant place on the right wing, but whoever he may be, he will find it no easy task to match the pace and combination of Hancock and Bell. At full-back we are safe, for Alexander's tackling is superb and his kicking improves.

Many alterations are taking place in the arrangement of the ground at Honor Oak Park. The positions of the Rugby and Association fields of play have been so changed that the two sets of players will not collide, as they did sometimes last year. The ground is to be roped off, and in this way collisions between spectators and players will be avoided, and the touch-judge whose responsibility last year was great, will feel easier in his mind. Foot-boards are to be supplied, and a "gate" instituted to encourage the attendance of spectators.

Beginning with Rosslyn Park next Saturday, we have an excellent list of fixtures, which include Cambridge University, Blackheath, Richmond and other well known London clubs. Further afield we play Coventry, Bristol and Leicester, and combined with St. Thomas's we play Swansea and Cardiff.

GUY'S HOSPITAL RIFLE ASSOCIATION.

The attention of all new men is directed to the above Association, and the support of all Volunteers—of any branch of the Service—is earnestly requested. The present season, which closes this month, has been a distinct improvement on last year, Guy's having been defeated but twice. In the United Hospitals' Cup, at Bisley, we pulled up three places, being second; St. Thomas's again winning the Cup.

The Range is at Ilford, within easy reach from Liverpool Street, where ample target accommodation exists up to 900 yards. The programme for the year consists of practice shoots, prize competitions, and matches with various shooting teams. The United Hospitals' Cup is shot for annually during the Bisley meeting, but is restricted to teams consisting solely of Volunteers. With this exception, the whole membership is eligible for the team, and in consequence the support, either practically or financially, of every student is looked for.

The fixtures for the present month are a Prize Competition at 200, 500 and 600 yards on Thursday, October 12th, and the return match with the Royal College of Science on October 19th, both events occurring at Ilford.

Subscriptions may be paid to any member of the committee, and any further information obtained from

H. FULHAM-TURNER, Hon. Sec.

PASS LIST.

UNIVERSITY OF DURHAM.

Final Examination for the Degree of Bachelor in Medicine, September, 1893.

Blight, John Henry, M.R.C.S., L.R.C.P.
Eyre, John W. H., M.R.C.S., L.R.C.P.
Jiminez, Gerardo.
Rygate, H. B., B.A., L.R.C.P.

Final Examination for the Degree of Bachelor in Surgery, September, 1893.

Blight, John Henry, M.R.C.S., L.R.C.P.
Eyre, John W. H., M.R.C.S., L.R.C.P.
Jiminez, Gerardo.
Rygate, H. B., B.A., L.R.C.P.

Second Examination for the Degree of Bachelor in Medicine, September, 1893.

First Class Honours.

Poole, Thomas Brice.

MEDICAL PRAYER UNION.

LIST OF MEETINGS.

On Thursdays, 4.30 to 5.15 p.m.

Oct. 12.—Opening Meeting of Session. Dr. Pye-Smith, F.R.S., in the chair.
,, 19.—First Annual Sermon, in the chapel. Preacher Rev. Prebendary Webb-Peploe, 4.45.
,, 26.—Subject—"Some Features of Christianity."
Nov. 2.—Rev. F. B. Meyer. Address—"The Temple of the Body."
,, 9.—Rev. F. B. Meyer. Address—"Our Possibilities."

The Mission to Medical Students, in the Chapel of St. Bartholomew's Hospital.

Nov. 13, 14 & 15.—Rev. W. R. Mowll.
,, 16 & 17.—Rev. F. A. C. Lillingston. Tea at 5.30. Service at 6 p.m.
,, 23.—General Discussion — "Is the Study of Christian Evidences incumbent on us?"
,, 30.—Missionary Meeting. C. J. Symonds, Esq., M.S., in the chair. Address by Eugene Stock, Esq., Subject—"Some Glimpses of Evangelistic and Medical Work in India."
Dec. 7.—Subject—"Ancient ideals of the Medical Man."
,, 14.—Subject—"Hebrew Poetry."
,, 21.—A Prayer Meeting.

On Tuesdays, 4 to 4.45 p.m.

Oct. 3rd to Dec. 19th.—Subject—"The Epistle to the Romans."

TWENTY-ONE YEARS' SPORT AT GUY'S.

(Continued.)

During the Football Season, 1877-78, A. Scott was Captain, the Hon. Secretaries being F. J. Elliott and T. A. J. Howell. The finances of the Club were in a bad way—£16 in arrear. At the opening match plenty of talent showed up, but we lost our first matches against Clevedon and Blackheath, L. Stokes (captain), playing for the latter and obtaining *five* touch-downs. Owing to the difficulty of obtaining full teams, through several of our best men playing for outside clubs—an occurrence not unfrequent of late years—A. Scott resigned the captaincy, Q. R. Veitch being elected in his stead. The tide of ill-success did not stop, however, as we lost to Clapham Rovers, and Walthamstow, and drew with Sydenham Hill. In the Cup Ties, we played fully representative fifteens, and came successfully through the preliminary rounds. St. George's were defeated by two tries (Jackson and Veitch), and a touch-down to four touch-downs; and King's by two goals (placed by Stokes), two tries, and six touch-downs to nil. The tries were obtained by Veitch, Stokes (two), and Roper. In the final we met St. Thomas's, who defeated us by one try and seven touch-downs to one touch-down. The Cup team was—Q. R. Veitch (captain) and A. H. Jackson (half-backs); L. Stokes (three-quarter back), E. Penny and E. Roper (backs), J. H. Lister, J. A. Fraser, A. Scott, J. Boswell, F. Wilkinson, J. L. Jones, A. Jeyes, C. Pink, W. Growse, R. Cuff (forwards). Honour caps were awarded to J. H. Lister and E. Penny. A. H. Jackson, who had played consistently and well for Guy's this season, appeared in his first International for England and Ireland at Dublin, when the former won after a fast and brilliant game by two goals and a try. He played but once again, *v.* Ireland at Dublin in 1880—like his confrères, Stokes and Pearson, he joined the Blackheath Club, and appeared continuously for them during the brilliant captaincy of Stokes.

In December, 1877, a general meeting, called together for the purpose, decided to form the "Guy's Hospital Bicycle Club." A. Morse was elected captain, F. J. Elliott, secretary. Dr. Moxon kindly consented to act as president. Active members were required to pay an entrance fee of *one guinea*, and an annual subscription of five shillings, honorary members a subscription of ten shillings. Amongst the rules was a curious one indeed: "That the club colours or badge be not worn on Sundays." The penalties were also severe: a fine of two shillings and sixpence for not wearing the club uniform, and for not carrying a bell. Amongst the active members was H. L. Cortis, who was the first amateur to ride twenty miles under the hour. He stood over six feet in height and rode a sixty-two-inch machine of the old pattern. His performances were most brilliant, and for some years he held many of the amateur records, all of which were made before the formation of the N.C.U. In 1879 he

rode 1 mile in 2 min. 59$\frac{1}{5}$ secs.; 5 miles in 15 min. 20$\frac{3}{5}$ secs; 25 miles in 1 hour 24 min. 4 secs.; 50 miles, 2 hours 56 mins. $\frac{1}{5}$ secs., all of which were amateur records. The following year, with the exception of the mile, he again held records, beating all his previous times easily. In 1883 he rode a mile in 2 min. 41$\frac{3}{5}$ secs. He was known in the cycling world as the "Demon"; he qualified and had a practice in Australia, where he died at an early age, about nine years since.

The Cricket in 1878 was like that of the preceding year—indifferent; in fact there is no mention in the Gazette of any matches at all.

The Athletic Club, however, was in exceptionally good circumstances, and thanks to brilliant form at the United Hospitals' meeting we retained the Shield for the fifth time. Edwin Roper was elected secretary, Mr. Durham and Dr. Moxon, vice-presidents, to represent the Club at the U.H.A.C. sports. At these sports, held at Lillie Bridge, Guy's gained five events: L. Stokes (250 yards and quarter mile), T. J. A. Shepherd (high jump and long jump), and J. A. Fraser (putting the shot); E. Fasken secured the consolation race, which at this time was included in the events. St. George's were second with two events and four seconds; Mary's won two, and King's and St. Thomas's one each.

J. H. Lister was captain, H. G. Ashwell, secretary of the Football Club in 1878-79, and the Club started the season with a balance of £10 to the good. The first match *v.* Clevedon was drawn, the next, *v.* Blackheath, resulted in a humiliating defeat; though it is only just to say that Guy's played only twelve men against a very powerful Blackheath fifteen. Against the London Scottish Guy's won, after a determined game, by a goal to nil, and Ravenscourt Park were defeated by one goal, three tries to nothing. The Cup fifteen this season was a strong one, and contained such men as the following:—J. H. Lister (capt.), J. J. Boswell, A. A. Jeyes, J. A. Fraser, R. Cuff, H. Mead, H. Whyte, L. A. Dunn, Brown, E. Hunt (forwards), A. H. Jackson and T. W. J. Long (half-backs), L. Stokes (three-quarter back), H. Blatherwick and J. B. Howell (backs). A successful season terminated by Guy's winning the Challenge Cup for the third time.

At the United Hospitals' meeting in 1879, in spite of the reputation of the Guy's representatives, St. Thomas's won the shield for the first time, and during the next four years were able to keep it. Guy's were second on this occasion, but for fourteen years were never within measurable distance of getting it back. This year two challenge cups were presented in connection with Guy's to the United Hospitals Athletic Club, to remain the absolute property of the Club. They were the half-mile cup by J. G. Beaney, Esq., M.D., and the quarter-mile cup by G. N. Montefiore, Esq., the latter having already presented the 100 Yards Challenge Cup in 1869. St. Thomas's won, on this occasion, four events; Guy's, three; St. George's, two; St. Mary's and King's, one each. Stokes again won both the 220 yards and the quarter-mile, and Shepherd the high jump. H. M. Massey and J. Orford were the St. Thomas's champions for three successive years: the former at the "sprint," the latter at the "shot" and "hammer" events.

Of the Football Club this season (1879-80) the writer can find very little reliable information. There is no record as to captain, secretary, or any official whatever, if we except Mr. Davies-Colley, who has acted as President for many years. The cup was not won by us, St. George's being successful for the second time.

Several good entries were made this session: C. D. Muspratt, who is said to have been "one of the most popular men," has played many parts in the sport at Guy's. He indulged in both Rugby and Association, and was prominent in athletics. P. Purnell was a second entry—his long-distance running was of more than ordinary value to Guy's.

J. A. Bradbury—facetiously termed "Smiler"—obtained his laurels at cricket.

At the United Hospitals' Athletic Meeting in 1880, Guy's failed to win an event—St. Thomas's carrying all before them with six events. From this year dates the decline in athletics which, alas! were allowed to dribble away almost to nil for so many years, until the energy of one or two secretaries rescued the club, not only from the slough—but raised it to a position never before obtained.

In spite of the record-breaking of Cortis, the Demon, nothing more has been said of the Guy's Hospital Bicycle Club, which started so auspiciously the previous year. The supposition is that weekly runs were made by the club until the ridiculously high subscriptions prevented many men from joining. The probability was that the club died a natural death.

Of the cricket and football for the next season I have but a line or two to say. The Cricket Cup was not instituted until 1882; the Rugby Cup was again lost to Guy's, St. Bartholomew's holding it for the first time, it being the seventh year of competition.

In 1881 the Athletic Shield was won by St. Thomas's for the third time in succession by five events. This year the great long-distance runner, A. F. Voelcker, began his victorious career for University by winning the mile. Guy's failed to win an event. In 1881-82 C. S. Spong was captain of the First XV.; A. Martin, secretary. At the general meeting it was decided, on the proposition of R. M. H. Randell, "That the Guy's Hospital Football Club form, from its members desiring to play Association, a team to be a branch of the Guy's Hospital Football Club, on the understanding that they play on foreign grounds." A somewhat abstruse resolution which, however, did not deter the establishment of the Association club, which was firmly constituted at the summer meeting in 1882. It was then decided that the Eleven should have the use of the Rugby ground when not wanted by the Fifteen. J. H. Pratt was first captain of the Association, and through the combined energy of that gentleman and H. V. Hickman, a regular ground was obtained at

Chiswick in 1883, at a yearly rental of £9. The Rugby Cup team this season was as follows: A. S. Taylor (back); W. S. Brown and H. V. Hickman (three-quarters); A. Martin and C. D. Muspratt (half-backs); R. M. H. Randell, H. P. Senhouse, E. P. Monrilyan, S. Wacher, F. Beard, F. F. Burghard, R. W. Murray, G. G. O. Phillips (forwards). Honour caps were awarded to H. V. Hickman and W. S. Brown. The club at this time had a balance in hand of £9 4s. 0½d., a sum only once before topped in 1878—£10 9s. 9d. Many of the names in this Fifteen are familiar to most Guy's men. Of the team, A. S. Taylor takes premier rank. He was a back justly to be proud of, and had a peculiar manner of tackling his men just above the ankle. He appeared in English International matches during 1883 and 1886.

H. V. Hickman, and W. S. Brown ("Sig.") both performed in other fields, the former in Rugger, Socker and cricket, the latter in Rugger and cricket. F. F. Burghard was for some time captain of the Clapham Rovers' Club, and is now on the staff of King's College Hospital. R. M. H. Randell ("Tim.") was a thorough sportsman, and was captain of the Football Club in 1884-85. In 1882 the Rugby Cup was won by St. George's; in 1883 by St. Bartholomew's for the second time.

In athletics Guy's still did nothing, St. Thomas's winning for the fourth and fifth times in succession in 1882 and 1883. In the latter year C. D. Muspratt won the quarter-mile for Guy's.

In the summer of 1882 the Cricket Cup Competition was instituted, King's College winning for the first time, and again in 1883. Guy's at this period, though there were many good men up, were unfortunate in failing to secure any one of the coveted Inter-hospital trophies.

The football season of 1883-84 was a good one, and both Rugby and Association teams did well. The respective captains were R. M. H. Randell and H. J. Holman, while H. V. Hickman was hon. sec. The Association team having secured a ground at Chiswick, the two teams worked in perfect harmony, and so great was the energy shown in connection with Association that Guy's were enabled to initiate the institution of the U.H.A.F.C., and to be the first holders of the Association Cup in 1885. The Rugby Cup was won by London for the first time, who had an uncommonly powerful combination both this year and the next. Our team was rather an irregular one, and comprised G. F. E. Morgan (back), W. S. Brown and H. V. Hickman, and H. Cuff (three-quarter backs), T. M. Russell and G. Pender-Smith (half-backs), R. M. H. Randell, S. Wacher, T. Beard, H. P. Senhouse, R. M. Peile, C. Metzgar, H. J. Holman (forwards). Honour caps were awarded to Wacher and Morgan.

Pender-Smith and F. M. Russell (dear old "George") made an excellent pair of halves, and worked together in a like manner to a more recent, though none the less notable pair, I have to mention later on.

There must be a good many who remember "George"—what a Guyite he was! Nothing pertaining in any degree to sport at Guy's was complete without his aid, during his stay. He served on almost every committee, and was secretary on many an occasion. There was no sacrifice he was not willing to make for the good of Guy's in the sporting way, and those who bade him "farewell" at Fenchurch Street but a year or two since, will not readily forget the day. H. J. Holman, who was conspicuous for both games, was captain of the Association team during some of its most successful days. Not only did his good points shew on the field, but he held several of the resident appointments, and is always one of the first old Guyites to hospitably receive our Eleven whenever he is able. In 1884 at athletics, H. V. Hickman won the mile for Guy's, the Shield going to London for the first time. This year, too, we were able to win the Cricket Cup for the first time, and have ever since, with the exception of 1889, held the trophy. As to who composed the team on this occasion, I am not prepared to say, but I imagine such men as the following were conspicuous: H. V. Hickman, W. S. Brown, F. M. Russell, R. Thompson (of Australian fame), A. F. Clarke (Mitcham), and C. D. R. Rygate, a bowler of most terrific pace. About this time, too, A. D. Fripp, Sturgess-Jones, H. B. Bolus, E. J. D. Mitchell, C. J. ("Joey") Prime, and W. G. Scott were in the Hospital. So it was not surprising to find that soon Rugby and Association, and Cricket cups were in our possession.

(To be continued.)

Births.

DE'ATH.—On September 7th, at West Street, Buckingham, the wife of George H. De'Ath, M.R.C.S., L.R.C.P. Lond., of a son.

HOWELL.—On September 14th, at Cleeve House, West Hill, Wandsworth, the wife of Thomas Arthur Ives Howell, of a daughter.

Marriage.

EVERSHED—TAYLOR.—On September 27th, at the Parish Church, Bocking, Essex, by the Very Rev. H. Carrington (Dean of Bocking), A. Reginald F. Evershed, M.R.C.S., L.R.C.P., of Penzance, son of Arthur Evershed, M.R.C.P., M.R.C.S., of Hampstead, to Winifred, daughter of Dr. Thomas Taylor, of Bocking.

Deaths.

HOSKINS.—On September 21st, at Duffield House, Edward Hungerford Hoskins, M.R.C.S., aged 76 years.

RENDLE.—On September 18th, at Treverbyn, Forest Hill, William Rendle, F.R.C.S. Eng.

WHITE.—On August 6th, at Hanwell, Mr. White, late of the Guy's Pharmaceutical Laboratory, aged 80.

Guy's Hospital Gazette,
OCTOBER 21, 1893.

OUR CLUB.

We were silent last week upon a topic which was, perhaps, uppermost—at the moment of going to press—in the minds of those of our readers who are present Students at the Hospital. This was not, however, because the matter was not also in the editorial mind, but because the general meeting to discuss the subject was called at an hour too near to the date of publication of the GAZETTE for its proceedings to be properly reported. We have heard of surgeons (not at Guy's) who choose Wednesday to perform novel and tremendous operations, so that the *Lancet* may say that at the moment of going to press the patient is doing well. It would be better we think, to postpone the report of the operation till time and success may prove its justification. On this principle, we postponed any allusion to the Extraordinary General Meeting of the Students' Club and to the discussion which then took place, until we had an opportunity of carefully reviewing the situation. It has always been the policy of the GAZETTE to support any movement which tends towards the perfection of existing institutions in the hospital, and to the promotion of new ones likely to benefit the students. We, therefore, welcomed the recent evidence of the interest that is taken by the general body of members in the management of the Club. The meeting was a magnificent one in point of numbers. Three hundred students solemnly assembled together to do what they could to improve what is admittedly one of the best appointed and best managed Students' Clubs in London. The debate, once started, was carried on in a manner that would have been an excellent example to the members of any debating society who were present, for it was free from any elements of obstruction. Every speaker was given a fair hearing, and all the points raised were fully appreciated by the large audience. It cannot be doubted that good will result from such a well-organized meeting. The actual result of the voting seems to us to matter but little, for the difference between the original proposition and the amendment was slight—both were framed with a view of bringing about an improvement which is desired by every member. The Government, rather than the Opposition, (if we may so name the supporters of the original motion and of the amendment), were victorious, and the end was only what might have been expected, for their defeat could have been conceivably construed into a vote of want of confidence in the committee who have so consistently striven to maintain the steady progress of the Club. Gratitude to the committee for its unselfish services to the Club as a whole determined the result of the voting, just as gratitude to an individual for his services to many members of the Club is admittedly one of the factors which led to the calling of the General Meeting.

We welcome the appointment of a "catering" sub-committee, and are confident that the Club committee, with the assistance of this body, will be well able to cope with the difficulties that must beset a club which each year loses twenty per cent. of its members—and these the most experienced—whose places are filled by freshmen.

It would be a graceful acknowledgment of the disinterested desire of the "opposition" to benefit the Club if the catering committee—at any rate at its earlier meetings—were to invite one or two of the most prominent supporters of the amendment to help them in their deliberations. Such an amalgamation of forces would undoubtedly leave no stone unturned, and well rolled in again in the true path of progress.

The senior secretary's somewhat lengthy explanation of the present state of the Club was full of facts probably unknown to the

majority of the members—facts which can hardly be embodied in a printed report.

Is not the moral of the whole situation contained in the question of attendance:—If we could have an attendance at the annual general meeting more like that of October 5th, instead of the usual average of twenty members, we should all know more about our Club, the committee appointed would be more truly representative, and the standard of perfection to which we are all striving to attain would be more speedily reached.

EXTRAORDINARY GENERAL MEETING OF THE STUDENTS' CLUB.

A casual observer would scarcely have identified the struggling, laughing mass of students which surged into the Anatomical Theatre, just before four o'clock on the 5th instant, as a band of revolutionists. Their countenances exhibited none of the repellant scowl typical of the reformer eager to set the whole world, himself excepted, to rights. Yet the moral atmosphere was heavy with reform, the nature of which may be expressed as "a demand for better methods in the administration of student diet." The meeting was extraordinary in more senses than one, and must always stand distinguished for the topsy-turvy character of its procedure. It opened quietly enough with Dr. Taylor in the chair, and Mr. Symonds reading the balance sheet of the Students' Club for the past financial year, and explaining the items, after which he moved its adoption—which was seconded and carried. Then came a prolonged pause—at last broken by gentle laughter. The great meeting had not assembled for the purpose of hearing a balance sheet read; every one knew it had been called on the requisition of certain memorialists, presumably to listen to charges against the catering arrangements of the Students' Club. Where were the memorialists? The Chairman looked at the meeting, and the constituent atoms of the meeting looked at each other. After coming there with the lively anticipation of hearing all kinds of fearful things said, and perhaps done (one never knew, it was worth turning up on the chance), was the affair to resolve itself into a display of inglorious silence? From such a disappointment they were saved by Mr. Allport, who ventured to suppose, that the gentlemen who signed the petition had some idea of what they were signing, and might enlighten the meeting a little; but there was no response to this gentle sarcasm, so the same speaker, on the plea that it was rather hard to be called there to do nothing, moved a resolution. Thus it came to pass that the defendants opened the case, a method unknown to our system of judicature, but too charming in this instance to be cavilled at.

The substance of Mr. Allport's proposition was that "the Committee be recommended to appoint a Sub-Committee to deal with matters relating to the catering of the Club, and that all complaints connected therewith be referred to that Committee." The memory of the speech in which this was supported will doubtless be cherished. Nothing could have been more droll than the attack of this abnormally healthy but woe-begone-looking gentleman upon the grumbling fraternity. His description of his sufferings at their hands while acting as Assistant Secretary worked the audience up to a quite dangerous pitch of merriment. "You must all have experienced this kind of thing, gentlemen; I assure you I got quite thin on it." After Mr. Allport had finished, any prospect of opening or sustaining an attack on anything at all seemed hopeless, especially as Mr. H. J. Spon, one of those who signed the petition, now expressed his utter repudiation of it. It fell out, however, that Mr. J. B. Leathes raised the siege of the besiegers. In frigid tones, and with a cold disregard for the "Bless everybody, Batten and the little Battens in particular" feeling, which now permeated the meeting as the result of Mr. Allport's inimitable exposition of views, Mr. Leathes proceeded to suggest that a Commission be instituted to enquire into the complaints against the Club catering, as an amendment to the proposition for a Sub-Committee. For himself, he did not think that an agitation such as was in progress could be got up for nothing at all, and although he had not signed the representation, he felt some amount of goodwill towards it. Then Mr. Leathes made some definite complaints, and moved a resolution in favour of a Commission. After this, the complainants began to pick up courage. Mr. Richmond, as one of those who had signed the requisition, took pains to explain away the act, but admitted that he would like to second Mr. Leathes' resolution. Then Mr. Pakes, from whom much had been expected, appeared on the scene, but it was to acquiesce to Mr. Leathes' proposal. His specific complaint was limited to the departure from the original arrangement as to the menu. According to this, soups were to be fourpence and sixpence, but at the former price they were often absent. Portions of fish were to be from twopence to sixpence. He asked any gentleman whether he had ever seen a piece of twopenny fish?

From this point the proceedings took an in-and-out form, Messrs. F. Carpenter, Higgens and Daldy contributing various views, and finally the Hon. Secretary rose and made an exhaustive statement. It was once said of the late Cardinal Newman that he never shrank from any difficulty of faith or reason; and something of the same kind is true of Mr. Fripp in the present instance. Whatever the intrinsic worth of the answer, he had one for every critic, and besides this, supplied a lot of information into the bargain, from which it would appear that no one immediately concerned is to blame for all the trouble, which is entirely due to the wicked and abandoned persons who designed the College. Had Mr. Fripp mentioned their names and addresses, they

might have been fetched, and consigned to the dissecting-room, but the shades of night were falling fast, and the division-bell rang. Seriously speaking, we think that those who were especially responsible for the calling of the meeting should have made a point of staying to listen to the Secretary's carefully prepared statement. We observed that many of them failed to do so. Mr. Leathes' amendment was lost by 59 to 44, and Mr. Allport's proposition for a Sub-Committee carried, in a slightly amended form.

There are some who think that the purpose of the meeting was defeated and are sorry thereat; yet, who can say the meeting itself was a failure? The world grows old and weary. That mankind should be caused to laugh is a necessity of the age, and the members of the Students' Club laughed so loud and long, that we trust the Catering Department will keep them in cheerful countenance by serving in plenty, and with promptitude, those things which strengthen man's heart. R.

GUY'S HOSPITAL STUDENTS' CLUB.

Statement of Receipts and Disbursements from April 1st, 1891, to August 31st, 1892—

RECEIPTS.

1891		£ s. d.	£ s. d.
April 1	To Cash balance at Bankers	89 8 1	
	„ Petty Cash balance in hand	3 18 4	
			93 6 5
„ 30	„ Subscriptions received—		
	April	10 2 6	
	May	48 10 0	
	June	5 0 0	
	July	5 17 0	
	August	0 12 6	
	September	4 15 0	
	October	35 2 6	
	November	5 2 6	
	December	8 15 0	
1892	January	14 17 6	
	February	1 17 6	
	April	1 5 0	
	May	10 0 0	
	June	11 5 0	
			163 2 0
	To Cash per Clubs' Union—(Grant) ...		110 0 0
	„ „ Gymnasium a/c		6 16 6
	„ „ Clubs' Union—(Rent a/c) ...		107 3 9
	„ „ Library a/c—		
	Deposits ...	36 15 0	
	Subscriptions	3 8 0	
	Fines ...	1 7 8	
			41 10 8
	„ Cash Hospital ⅓ Electrical Comn. ...	10 8 4	
	„ „ School ⅓ Electrical Comn.	10 8 4	
			20 16 8
	„ „ Error in Bank balance in excess ...		0 0 6
	„ „ Sale of Wine, Beer & Tobacco in Club		622 6 8
			£1165 3 2

EXPENDITURE.

1892		£ s. d.	£ s. d.
Aug. 31	By Furniture Account ...		26 1 6
	„ Magazines & Newspapers	51 17 5	
	„ Printing & Stationery...	6 1 6	
	„ Insurance	0 12 0	
	„ Interest on Loan ...	1 2 6	
	„ Sundry Disbursements	18 2 0	
			77 15 5
	„ Loan Account repaid ...		27 10 0
	„ Gymnasium Account—		
	Cash paid to Hon. Sec.	25 0 0	
	Cleaning, Lighting & Repairs	20 14 11	
			45 14 11
	„ Library Account—		
	Mudie's Subscription	10 10 0	
	Librarian	6 6 0	
	Returned Deposits ...	2 1 6	
	Printing & Stationery	4 1 3	
	Repairs, &c.	2 1 0	
			24 19 9
	„ Returned Subscription a/c		1 13 6
	„ Total Cost of Electrical Communication ...		31 5 0
	„ Cost of Wines, Beer and Tobacco		466 12 8
	„ Rent Account		188 14 9
	„ Steward's Allowances...		155 14 0
	„ Clerical Expenses ...		14 6 6
	„ General Repairs ...		7 15 3
	„ Balance at Bankers ...	94 1 5	
	„ Petty Cash in hand ...	2 18 6	
			96 19 11
			£1165 3 2

Audited and found correct,

W. BLIGH,

Oct. 7, 1892. J. M. GILL.

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

DR. W., WOOLWICH.—The growth of the brain is a glioma; there is no capsule to it, but it merges into surrounding brain-tissue. The vessels at its periphery are much dilated, and the whole growth is very vascular.

DR. W., SALISBURY.—The growth from the tongue is an epithelioma.

H. R. M., HASTINGS.—There are no tubercle bacilli in the sputum forwarded. Would you send another specimen for examination. PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. HUNT, GAZETTE, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

RECENT PUBLICATIONS.

Strumpell (A.) A Text-book of Medicine. 2nd American edition. Translated by H. F. Vickery and P. C. Knapp. Royal 8vo. Lewis, 28s.

Westminster Hospital Reports. Vol. viii. Churchill, 6s.

ENLARGED PROSTATE — STRICTURE — RETENTION. — SUPRAPUBIC CYSTOTOMY. — DEATH FROM EXHAUSTION (NEARLY THREE WEEKS AFTER OPERATION), WITH SEVERE RECTAL HÆMORRHAGE.—TRANSFUSION.

R. R., æt. 74. Admitted into Naaman, under Mr. Symonds, September 2nd. Patient was a hale and hearty old man, remarkably well nourished, and except for his urinary trouble was in very good health. No catheter or sound could be introduced, and as patient was in severe distress, a suprapubicc ystotomy was performed and a rubber tube left in the bladder. Patient did remarkably well, his symptoms were relieved, there was no rise of temperature, and the bladder drained well by the suprapubic wound. On the morning of the 22nd September patient passed a motion slightly coloured with blood, and at 11 a.m. there was a severe hæmorrhage from the rectum, quite a pint and a half. Slight hæmorrhage continued at times during the rest of the day, and at 4.30 p.m. he had another severe attack, which to all appearance was controlled by an enema of strong solution of tannic acid; but by 6 p.m. patient had become pulseless and comatose, so transfusion was performed to the extent of Oiij, after which he rallied sufficiently to speak and express himself better, but he again relapsed, and died at 11 p.m.

It is necessary to add that patient's appetite failed the day previous to his death, and he did not appear quite so well, but did not complain of any pain until after the first severe hæmorrhage, when he referred the pain to the whole of the abdomen, but chiefly in the lower part of the bowel.

As regards a diagnosis, we were unable to arrive at any, but the appearance of the hæmorrhage, which was partly scarlet and partly of a dark red colour, not at all of a tarry consistency until just before the end, and the absence of all hæmatemesis, made us suppose the seat of hæmorrhage was in the lower part of the bowel, either the sigmoid or rectum. The urine was examined to see if there was any reason to fear ulceration from the bladder into the rectum or sigmoid. The rectum was also carefully examined to see if any cause could be found.

At the post-mortem a duodenal ulcer was found on the posterior wall, two and a half inches from the pylorus; in the centre of the base of the ulcer there was apparently a thrombus blocking the artery or vein, the cause of the hæmorrhage.

Knowing very little about the subject, I have since looked it up in the current literature, besides searching a few of the reports, and as the text-books give very little information, I may perhaps be excused in giving the result of my researches, hoping to interest a few.

To show that duodenal hæmorrhage is one of the rarest of intestinal hæmorrhages, I quote the following table of Bamberger, showing the direct order of frequency of intestinal hæmorrhages.

a. Dysentery.
b. Typhoid.
c. Cancer of large intestines.
d. Mechanical hæmorrhages. Poisoning, and foreign bodies.
e. Tuberculous, follicular and catarrhal ulcers.
f. Inflammation of the mucous membrane.
g. Round duodenal ulcers.
h. Aneurisms.
i. Vicareous hæmorrhages.

In addition to the above, there are the causes which produce hæmatemesis, but as these, if they did not produce hæmatemesis would certainly produce melæna (with the exception of duodenal ulcer), they may be passed by unmentioned.

There are also the diseases about the lower part of the rectum, near the anus, *e.g.*, hæmorrhoids, polypus, fistulæ, etc.

Fagge says, in duodenal ulcers the symptoms are supposed to be more latent than in gastric ulcer, they occur more often in men than women, and the pain occurs at a longer period after the patient has partaken of food than with gastric ulcer.

Ziemssen says, that duodenal ulcer in many cases, first manifests itself by the many symptoms which usher in the fatal result, the hæmatemesis or the rapidly fatal perforation taking place in the midst of apparent health. Usually, however, when the duodenal disease runs a rapid course, careful enquiry reveals some previous slight dyspeptic symptoms. In the more gradually developed cases, the symptoms are those resembling gastric ulcer. Duodenal ulcer may be suspected if the pain is felt exclusively in the right hypochondrium, and if the blood passes off in a downward direction.

Some writers say, suspect duodenal ulcers if there has been an extensive burn of the skin, but lately this has been denied by many authorities.

It is usual to find only one duodenal ulcer, but it is not uncommon to find a gastric and a duodenal ulcer existing together. Ulcer of the duodenum is a comparatively rare disease, being hardly one to thirty of gastric ulcers. The compilation of Krauss shows that the lesion is most frequently met with at the autopsies of persons between thirty and forty years of age, and that from sixty upwards it is rare. In the same article, he states that the relative number of duodenal ulcers found by him in the two sexes (out of sixty-four cases, fifty-eight were men and six were women), were in a proportion of ten to one. He likewise states that in duodenal ulcers, cicatrization is extremely rare, half the cases terminate with perforation, and a quarter with profuse hæmorrhage.

As regards the character of the stools, the blood and fæces are usually well intermingled; the blood seems to vary in colour from its natural red to a dark or even black hue, according to its quantity and the rapidity of its discharge. Duodenal hæmorrhage certainly seems to be more profuse than that in gastric ulcer or the other intestinal hæmorrhages, excepting those cases in which an

aneurism ulcerates into the intestinal cavity, or malignant ulceration of the intestinal wall extends into some large external vessel.

The occurrence of hæmatemesis seems to be the most debated question; but, on the whole, I think most writers state that it is a very usual symptom (see Dr. Allchin's paper on Hæmatemesis, *Clinical Journal*, Sept. 20th, 1893).

The following three cases from our post-mortem reports bear upon the question :—

1. L. C., æt. 29, admitted under Dr. Hale White and Mr. Lane on May 7th, 1891. This case was one of malignant disease of the pancreas invading the duodenum. Here most copious hæmatemesis occurred.

2. J. W., æt. 61, admitted under Mr. Durham for stone in the bladder, into Lazarus, May 16th, 1892. In this case patient first commenced to vomit June 10th; June 18th he first brought up blood, which continued off and on until his death, July 11th. At the post-mortem a duodenal ulcer was found.

3. T. L., æt. 60, admitted into Cornelius Feb. 5th, 1884, under Mr. Golding-Bird, for an accident. Amputation was performed through the thigh. Here patient collapsed some ten days after operation, and died within thirty-six hours. There was slight previous vomiting, but no history of hæmatemesis or hæmorrhage per rectum recorded in the report. At the post-mortem a duodenal ulcer was found with the intestines full of blood.

That duodenal ulcers occur, like gastric, without producing any marked symptoms, but are found, when death has been caused by some other disease, at the post-mortem, having been entirely unsuspected during life, is clearly shewn by the post-mortem reports.

Ætiology of duodenal ulcers. Probably somewhat the same cause as produces gastric ulcer, for which many theories are given, but most come under the following heading :—

Corrosive action of the gastric juice.

a. Owing to the diminution of the normal alkalinity of the intestinal walls.

b. Abnormal increase of acidity of the gastric juice, with normal alkalinity of intestinal walls (see Pavy's experiments).

Under the heading (*a*) Virchow says that the ulcers are probably caused by derangements of circulation by some thrombotic or embolic process, *e.g.*

Diseases of the coats of the vessels.
Obliteration of the arteries.
Disturbances in the portal circulation.

That stases in the gastric circulation certainly produce ulcers (see Panum's experiments). One experimenter also ligatured the vena portæ in a rabbit and produced extravasations of blood and ulcers in the stomach.

The reasons given why, during health, ulcers are not produced are—

i. That the alkalinity of the blood protects the mucous membrane.

ii. By the increased activity of the circulation in the wall of the intestine, by which the surplus digestive juices not used in transposing the chyme are absorbed before gastric action can take place.

But, on the other hand, why is the foot of a living frog or the ear of a living rabbit, introduced through a fistulous opening into the stomach of a dog, so readily digested? And also why does not the pancreatic juice, which acts in an alkaline medium, digest the pancreas itself or the walls of the intestines?

Other theories given are that it is a trophic change, and that there is some lesion in the vagus, or sympathetic, which produces the ulcers.

Another question over which there is much controversy is whether duodenal ulcers accompany extensive burns of the skin. Many of the recent authorities deny their existence. I believe I am right in stating no duodenal ulcer has been seen in our post-mortem room for many years after extensive burns.

Dr. Hunter injected toluylene-diamine into a dog and set up intense duodenitis; he compared this result with that described as following burns, suggesting that some irritant poison excreted with the bile might cause the ulcers and congestion found after that injury.

Treatment generally advised for hæmorrhage which is supposed to be intestinal: rest in bed; entire absence from food for a time, and when it is commenced, only in very small quantity and in an easily digestible form.

External applications of ice bags; ice to suck; and if patient is collapsed, iced champagne to drink.

Drugs.—Injection of Ergotine hypodermically, gr. ij.
Alum whey to be drunk.
Decoction of Marsh Mallow.

I think the chief points to remember from this case are :—

(i.) The latency of all symptoms, excepting the loss of appetite on the day previous to his death.

(ii.) The profuse hæmorrhage, patient being dead in twelve hours. Out of this time he was probably kept alive four hours by transfusion.

(iii.) Not until the end was the blood ejected at all characteristic of hæmorrhage into the bowel as high as the duodenum.

(iv.) Absence of all hæmatemesis.

C. E. C.

APPOINTMENTS.

Adeney, E. Leonard, M.D. Lond., has been appointed Justice of the Peace for the Borough of Tunbridge Wells.

Mothersole, Robert Devereux, M.D., M.S. Lond., F.R.C.S. Eng., L.R.C.P. Lond., has been appointed Honorary Surgeon to the Bolton Infirmary and Dispensary.

Parkinson, C. H. Watts, M.R.C.S. Eng., D.P.H., R.C.S. Edin., has been appointed Coroner for the Eastern District of Dorset.

Pearce, Frederick William, M.R.C.S., L.R.C.P., has been appointed House-Surgeon to the Northern Branch of the Brighton, Hove, and Preston Dispensary.

Hospital News.

IN THE SURGICAL WARDS.

Under Mr. Durham.

Lazarus 9.—T. F., 9. Admitted on Tuesday, October 3rd, complaining of pain in the "stomach" and inability to make water. No history of accident was obtained at the time, the patient giving no account of his disease other than that since Saturday, September 30th, he had passed no water.

On admission.—His abdomen was extremely tender on pressure, especially in the umbilical and upper part of the hypogastric regions. On percussion, his abdomen was found to be dull below the umbilicus, except just above the pubes. He had balanitis with some urethritis.

Mr. Golding-Bird saw him soon after admission, and suspecting stone in the urethra, decided to operate. Under an anæsthetic he was examined more carefully; a sound was passed without difficulty; no evidence of stone being obtained. A catheter was then passed freely into the bladder, but no urine came away. Examination per rectum revealed the fact that the bladder was empty, contracted, and situated well within the pelvis. It was then thought that the patient's history was a fabrication; he was circumcised, and sent back to bed.

On the two following days the patient passed no urine, his symptoms remaining very much the same as on admission; he looked decidedly ill. He was seen on the 6th by Mr. Golding-Bird, who ordered Mist. Ammon. Acet. ʒss. t.d.s.

About 2 a.m. on the 6th, about five ounces of clear urine was passed, followed at intervals by further quantities, which were not measured. The urine was of low specific gravity, but otherwise nearly normal.

Patient began to complain of pain in the lumbar regions, especially the left: this at about 8 p.m., became so much more severe that Mr. Bligh was sent for, who ordered hot fomentations which gave but little relief.

Between 2.15 a.m. and 8 a.m. on the 7th, about seven ounces of clear urine were passed, followed by fifteen ounces of a dark red colour. Patient became very restless, attempting to get out of bed. The red-coloured urine contained blood in abundance, but no casts; it was of low sp. gr. (1012). There was a large sediment made up of red corpuscles and debris.

He has great difficulty in keeping down food, but complains of thirst. It was on this day that it was discovered that his symptoms had followed upon an accident. Playing with four other boys he had fallen down, with his hands behind him, on his face, his playmates falling on his back. This occurred on the 28th September, and was followed by symptoms as on admission. He was treated for renal calculi.

Pot. Brom. gr. v.
Tinct. Hyosc. ♏. x.
Pot. Bicarb. gr. v.
Aq. Chloroform. ad ʒss.

being administered.

Subsequently, the pain becoming more severe, he was given opium and port-wine as an enema. Later in the evening he became worse, having muscular twitchings. Mr. Lane saw him, and operated. An incision was made about three inches long, extending from a point immediately below the umbilicus vertically downwards. On dividing the abdominal wall a considerable quantity—ten or eleven ounces—of a clear fluid spurted out with some force. This fluid was removed with sponges as completely as possible; it contained ·8 per cent. urea and ·8 per cent. albumin. The bladder was examined for rupture with the aid of electric light, but with negative results. The kidneys were examined, and pronounced normal. The bladder was empty, but gradually filled during the operation. The peritoneum in the left iliac fossæ was found to be floating, and fluid was observed welling up from the pelvis; this was drawn off. A drainage-tube was placed into the wound, and a catheter passed into the bladder and tied into position. The wound was closed and dressed, and the patient sent back to bed. Patient showed improvement on the following day, but subsequently became worse, his temperature rising; it afterwards fell, but the patient got no better, developing pain in the shoulder and sides. He died at about 6 a.m. on Saturday morning the 14th.

Post-mortem.—On incising the abdominal wound, a small centre of suppuration was found at the lower end of the wound and to this spot the omentum was adherent.

On some coils of intestine in this vicinity some lymph, and in other places distinct suction lines, could be seen on the intestines.

There was about one ounce of a murky blood-stained fluid in the abdominal cavity.

A place was found to the left of the apex of the bladder where the peritoneum was raised from the underlying tissues; this opened space could be dissected back to the ureter. The left ureter was dissected out, and found to lie in tissue infiltrated with some fluid. A hydronephrosis was found on the left side.

On the right ureter, just above where it crosses the iliac artery, was found a sudden narrowing; the circumference being one inch above and three-quarters below this point.

There was a hydronephrosis on the right side also. On dissecting out the left kidney it was found to be in a large cavity, filled with fluid; this cavity, in its lower portion, was free from lymph and granulations, the whole cavity being behind the peritoneum.

There was, however, beneath the diaphragm, and extending beneath the upper half of the kidney, a local cavity of suppuration, the walls of which were covered with lymph, and the connective tissue near the diaphragm was soddened and thickened with acute inflammatory products; the pleura above, over the lower lobe of the lung, was also inflamed and covered with lymph.

Both kidneys shewed extensive chronic consecutive nephritis, and the right kidney was smaller, and the cortex thinner, than that of the left.

The left kidney presented several centres of suppuration, which had softened the kidney substance, and one had yielded, allowing the urine to escape, and this had dissected up the tissues as mentioned above. There was an acute pyelitis, the surface of the pelvis being covered with granulations.

The right kidney contained a small unfacetted uric acid stone, but no pus. The left kidney contained two facetted stones; all three stones were about the size of peas. The left kidney was more dilated than the right, and contained grumous muco-purulent urine, which was not quite odourless.

The bladder was acutely inflamed, and in places covered with an inflammatory membrane, but free from any perforation. The urethra was also inflamed.

Note.—The chronic double distension of pelvis with consecutive nephritis might be due to intermittent blockages of the ureters by the calculi; it is somewhat difficult to determine what caused the complete suppression of urine—possibly the calculi blocked both ureters. The rupture followed an acute suppurative pyelo-nephritis, perhaps about October 6th, when he had the attack of acute pain.

No communication between the peritoneal cavity and the sub-peritoneal cavity containing the fluid was discovered, except it might be through the operation wound.

It is strange that the kidney should be in contact above with a suppurating cavity, and below with a cavity containing clear urinous fluid.

Under Mr. Howse.

Accident 9.—B. H., 7. Admitted for concussion of brain and scalp wound. Collapse was marked; pulse, slow; vomiting followed and lasted three and a half days. Pupils on both sides sluggish in reacting to light.

Charity 8.—J. C., 49. Admitted October 11th for growth in rectum. She has had thirteen children, and no trouble with any of her labours. For two years has had attacks of pain, and has lost much blood during these attacks. On examination there was a tumour attached to posterior wall of rectum extending laterally on the right side. ? Polypoid growth.

Charity 17.—J. S., 8. Admitted October 6th for ruptured left kidney. Was run over by a 'bus, the wheel passing over her abdomen; her legs, especially the right, were also bruised; urine contained albumen and blood.

Naaman 3.—R. M., 43, engineer. Admitted October 10th for necrosis of femur. Has had syphilis and rheumatic fever. Thirty years ago he broke lower end of left femur. Six years ago an ulcerative rash broke out at top of popliteal space, for which he was operated upon, necrosed bone being removed. On admission, has a swelling round lower end of left femur, the whole of popliteal surface being extensively inflamed and discharging offensive pus. 13th.—Thigh amputated at junction of middle and lower thirds, when lower end of femur was found extensively necrosed.

Naaman 10.—H. S., 40. Admitted October 9th for a carbuncle at back of neck, below and to the outer side of which was a sebaceous cyst. Urine contained albumen. 10th.—Carbuncle opened and scraped out; cyst also excised.

Naaman 14.—T. W., 30. Admitted October 4th for retention of urine and pain and swelling in the perinæum. A large raised circular patch is seen upon left buttock, of a deep red colour, marked by several scabs, from which, on pressure, blood and pus exude. About one inch below and to right of umbilicus, a red swelling and scab are present. Diagnosis—Gummata. Patient also has an ischio-rectal abscess. About ten weeks ago he had trouble with his eyes. 6th.—Ischio-rectal abscess opened: a blind internal fistula found.

Naaman 15.—R. T., 11. Admitted October 9th for stiffness in neck. Three months ago he had rheumatic fever. He can neither rotate nor flex his head in any direction; pressure on atlas or axis causes intense pain. Pre-systolic bruit. Put on Mist. Sodæ Salicylatis.

Naaman 16.—T. G. C., 31. Admitted October 10th for divided tendons of thumb. About a fortnight ago cut radial side of forearm, two inches above wrist. Had wound stitched and dressed and a splint applied. Wound healed, and on taking off splint he noticed he could not use his thumb.

Under Mr. Davies-Colley.

Lydia 21.—S. E., 42. Admitted for swelling on right scapula.

History of a fall on shoulder three-and-a-half years ago, and discovery of swelling about the size of a walnut three weeks after. It became painful nine months ago, and enlarged more rapidly.

On admission.—A swelling situated about three fingers' breadth below scapular spine and extending to inferior angle of scapula was found. Dimensions 4 by 3 by 1½ inches long, axis oblique.

Characters.—Circumscribed, soft, semifluctuant, inelastic, lobulated, almost painless. Slight dimpling of skin when pinched beneath the fingers. Edges slipped away from fingers on pressing sides.

Diagnosis.—Lipoma.

Treatment.—By operation. Capsule was freely opened and tumour completely removed.

Structure.—Lobules of fatty tissue.

Lydia 19.—J. D., 48. Admitted for swelling in right breast.

Family history.—Married five years; widowed last fourteen years. No issue: no miscarriage. No discharge from nipple.

History of present disease.—A swelling about size of a walnut was first noticed in April or May, which enlarged more rapidly the last three months.

On admission.—Cutaneous veins over right breast enlarged. Swelling extended from nipple upwards and inwards. Size five by four by two inches.

Characters.—Ovoid, lobulated. Generally hard, but soft at places. Freely movable in all directions. Not adherent to skin. Nipple not retracted.

Diagnosis.—Adeno-sarcoma.

Treatment.—Excision of breast.

Procedure.—Ether administered, an incision was carried from a point about four inches above and inside nipple to within half-an-inch of it. Through this opening tumour was removed. The rest of gland was then carefully dissected out, and found to contain numerous small cysts scattered throughout gland substance. The flaps of skin were stitched together with fishing gut sutures, a drainage-tube having previously been inserted, and wound washed out with carbolic solution. Progress satisfactory.

Luke 18.—G. M., 24, sergeant in Artillery. Admitted for swelling in neck, October 10th.

Tuesday, October 3rd, patient had a stiff neck and noticed swelling, which gradually increased in size until Saturday, October 6th. Admitted into Hospital October 10th, for *large* red tense fluctuating swelling under the left sternomastoid, painful to about one-and-a-half inches above clavicle. On Sunday, 8th, patient had much pain on swallowing, and on deep inspiration acute pain in sixth ntercostal space of *right side*. About ten weeks ago, patient had similar swelling just above *left clavicle*. Remained in hospital five weeks, when swelling suddenly disappeared, and pleurisy immediately followed.

Diagnosis.—Cervical abscess, secondary to caries.

Treatment.—By operation.

Procedure.—Longitudinal incision of about three inches, commencing on level of jaw, was made over sternomastoid, the deeper tissues were then cut through and a director passed into abscess. Bloody pus escaped and was collected, and a foreign body discovered in the discharged contents. Carefully examined, it appeared like a gutta-percha button, erroded at the circumference, and bulging at centre. Wound was then dressed antiseptically, and patient's progress is satisfactory. Temperature, October 10th, 104·2; 11th, 101·8.

Luke 4.—J. T., 74, retired from Navy. Admitted for ulceration of lip.

History of present condition.—Two years ago the right border of tongue became painful, but improved by gargle. Shortly after his lower lip became hard and cracked. Has been a great smoker (two ounces shag per diem being an average), and has used a clay pipe, to which patient attributes the present trouble. Lip did not pain, though it sometimes troubled him.

Condition on admission.—On lower lip was a patch reaching from the left to almost the right angle of mouth, 1½in. by ½in. in size. Edges indurated, raised in middle line, ulcerated and hard. Not painful. In the submaxillary region there was a small hard lump. His tongue was covered with hard patches and white spots.

Diagnosis.—Epithelioma.

Treatment.—By operation. A.C.E. mixture administered, an incision two inches long was made in submaxillary region. Skin, platysma, superficial and deep fasciæ divided, an enlarged gland lying close to the facial vein was removed. The skin was sutured and wound dressed. A V-shaped piece of lower lip was then removed, the edges brought into contact, and mucous membrane sutured with two buttoned silver wires. The skin was then stitched with four gut sutures. Wound dressed with collodion and carbolic gauze.

Under Mr. Golding-Bird.

Martha.—Jane E. M., 43. Admitted for a tumour in the abdomen. Twelve years ago patient had an accident which led up to inflammation of the womb. Eleven months after the accident, patient was examined and told that she had a tumour. On examination, a large swelling could be felt which was freely movable; it was hard, had no thrill, and was apparently solid. The os uteri could just be felt, and on moving the tumour the os moved also. Patient, on stooping down, has to wait for the tumour to move back before she can get up again with ease.

Mr. Golding-Bird operated October 10th, making a medium incision. A small umbilical hernia was discovered, containing omentum. The tumour could be felt quite solid, and as no tapping would have reduced its size, the incision had to be enlarged upwards, going to the left of the umbilicus. It was still found impossible to extract the tumour, and the incision had again to be enlarged, after which the tumour could be easily removed from the abdomen. The upper part of the wound was closed with wire sutures, the omentum going to the hernial sac was ligatured, and then the whole sac with its contents excised. A clamp was put around the fleshy pedicle of the tumour and tightened up. The tumour was then removed by cutting through with scissors beyond the clamp. The rest of the abdominal wound was closed with wire sutures, the stump sprinkled with iodoform, the clamp of course being left on. A dressing of blue wool and blue gauze was used.

The tumour removed weighed 9lbs. 5ozs.; it was nine inches in length, ten inches in breadth, and five inches in thickness. On the surface of the tumour were seen coursing large veins, some three-eighths of an inch in diameter.

On the left hand side of the root of the tumour were four other tumours—one as large as a walnut, two about equal to a fowl's egg in size, and one as big as a goose's egg. The section made by the operator went through the body of the uterus in a slanting direction, going lower on the left than on the right hand side. The top of the broad ligament on the left was removed, together with the left ovary. In the left ovary was a recent corpus luteum, an old wrinkled yellow one, and a small blackish one not so old. In the walls of the uterus were several interstitial fibroids, some as large as peas, others as large as pigeon's eggs. All these tumours had the typical structure of fibroids of the uterus; the smaller ones could be easily shelled out from their capsules.

IN THE MEDICAL WARDS.

Under Dr. Goodhart.

Mary 13.—Eliza G., 21, parlour-maid. This is a case of mitral regurgitation and (probably) stenosis, aortic stenosis and regurgitation. There is a loud blowing systolic-apical murmur, traceable outwards into the axilla, and a well-marked to-and-fro bruit, heard best over the second right intercostal space, the diastolic being traceable down to the left of the sternum, as far as the point of cardiac impulse.

When first admitted, thrills could be felt over both the apex and aortic area, and a presystolic bruit could be heard over a small area at the apex; but now the aortic thrill alone persists. There is no history of rheumatism or chorea, and Dr. Goodhart thinks that the morbus cordis is of long standing, and possibly began with a congenital thickening of the aortic valves.

The case is of some interest from the remarkable loudness of the bruits, and from the thorough compensation which has taken place; since, with the exception of pain over the heart, which has never been severe, there is a complete absence of backward effects, and the pulse tracing differs very slightly from that of a normal pulse.

Mary, 11.—Ada H., 30, domestic servant, was admitted on October 5th for difficulty in swallowing, hoarseness, and numbness in the tongue and left arm.

Previous to 1888, she had enjoyed good health. In that year she noticed that her voice became very hoarse. This increased, and in 1892 she experienced difficulty in swallowing liquids, and they regurgitated through her nose. During the last four months there has been loss of power in the left arm and hand, with slight numbness, and two weeks previous to her admission the numbness spread to her right leg.

Condition on admission.—The left cheek has fallen in, and the mouth is drawn to the left side, but no food collects between the cheek and the gums. The right cheek is wasted, and, to a slight extent, the upper and lower lips on the right side. There is a marked difference in the two sides of the tongue, the left side being wasted, the edge puckered, turned upwards, and marked with the teeth. There is no difficulty in protrusion, but it deviates towards the left side. When tested with salt, bitter, and sugar, she can taste the two former, but the latter not very easily. The special senses, with the exception of eyesight, are normal. The voice is nasal in character. There is no difficulty in pronouncing letters. The larynx seems to be permanently distorted, lying too much towards the left side; the movement of the left vocal cord seems slightly impaired. The pupils are dilated, but accommodation, re-action to light, and discs are normal. In the limbs—there is loss of power in the left hand, anæsthesia and analgesia from the left shoulder to the tips of the fingers. The left forearm and hand are wasted, and the deep reflexes cannot be obtained. When tested with the electrical battery, there was a re-action of degeneration in the left arm. In the legs there is no loss of power or sensation, and the left knee-jerk is more pronounced than the right. No ankle clonus could be obtained in either foot.

Dr. Goodhart thinks that some of the symptoms ma be explained by a lesion of the nucleus of one of the cranial nerves, probably the facial.

Phillip 8.—Ernest W., 13. A case of erythema nodosum. Over the front and sides of both legs, from the knee to midway between the two malleoli in front, there is a bright, purplish rash, ill defined and fading on pressure. Here and there are slight elevations of a somewhat deeper colour, about half-inch in diameter. There is a history of bruising a week previous to admission. The treatment is Mist. Ferri et Quassiæ and locally Lotio plumbi.

Under Dr. Hale White.

Mary 5.—Pleuro-pneumonia, Pericarditis, Rheumatism.—L. H., 30. Admitted September 29th for pains in left shoulder. Her father died of morbus cordis. She had rheumatic fever a year ago. Present illness began six days previously with rigors and headache, but she did not take to her bed till the 26th.

On admission.—Temperature, 103°. Pulse, 120. Respiration, 28. Both chests move equally. T.V.F. absent in left axilla. Dulness on left side up to fifth rib in axilla, and to a point midway between spine and angle of scapula behind. Diminished breath sounds and absent voice sounds over dull area. Sputum rusty. Great pain in left shoulder. Cardiac dulness begins at upper border of fourth rib above, and extends to mid-sternal line to the right. Systolic bruit, traceable into axilla, heard at apex. Well-marked pericardial rub, heard best in inner end of third left space. Urine slightly albuminous.

On October 2nd, patient had slight effusion, pain and tenderness in both knees. She also had rather troublesome diarrhœa, which lasted four or five days. Cough very troublesome.

6th.—Cardiac dulness reaches right border of sternum and extends outwards as far as the nipple line. No further joint pains. Temperature, 100°. Dulness behind on left side as before. Râles and tubular breathing heard towards upper limit of dulness.

11th.—Temperature, 99°. Cough still bad. Sputum still faintly tinged. Dulness behind rather decreased. Pericardial rub still heard.

In going over the case, Dr. Hale White said that primarily the pain in the shoulder was thought to be due to the pleurisy, but that the affection of the knee-joints proved that it was rheumatic. The chief interest in the case lay in the question as to whether the pericarditis was rheumatic in origin, and whether the case was to be looked upon as one of those very rare instances of rheumatic fever complicated by pneumonia; or whether the pneumonia was primary and the pericarditis secondary to it, the rheumatic pains merely occurring, as they so often do in rheumatic subjects, during any acute illness. Of these two views he said that he believed the latter was the correct one.

Stephen 38.—Growth of Pylorus.—T. N., 52, a cab-driver, admitted September 20th for weakness and wasting. His mother died of cancer. Patient has always been healthy. No history of syphilis. Has been in the habit of drinking pretty freely. Present trouble began last Good Friday with a sudden feeling of faintness, which soon passed off. For the next two or three months has frequently had similar attacks. After this he had severe attacks of abdominal pain; lost his appetite, was constipated, gradually got weaker and lost flesh. His usual weight was 10st.; a week before admission it was 8st. 4lbs.

On admission.—Very weak and emaciated; abdomen rather distended and very rigid; liver could not be felt. There is a tender spot close to the tip of the 9th right costal cartilage; stomach a good deal dilated; other systems normal; urine normal.

October 4th.—Weight 7st. 7lbs. Abdomen less rigid. A distinct, hard, rounded tender mass, about the size of a pigeon's egg, can be felt just internal to the tender spot at the tip of the 9th right rib. It moves a little on respiration, and does not seem to have any connection with the liver. Has pain after food.

13th. Last night, on stooping down, patient was seized with severe pain in the right hypochondrium. He put his hand to the spot and felt a large lump there.

Dr. Hale White said that gastric symptoms in a man of 50 always point to growth of the stomach, and that a tumour in the position of the pylorus, together with a dilated stomach, was almost certainly due to growth.

Stephen 30.—Cardiac Chronic Bright.—J. A., 38, admitted August 28th, for weakness. His mother died of heart disease. Patient has had no previous illnesses, with the exception of a slight attack of asthma. Present illness began a month ago with weakness, and loss of breath on exertion. He gradually got worse till admission.

On admission.—He is pale and anæmic. No impulse can be seen or felt. There is a loud systolic bruit at the apex, traceable into the axilla. A systolic bruit can also be heard in the aortic area. Pulse 88, strong and full; temperature 98°; liver and spleen both tender on palpation. Urine, sp. gr. 1010, contains blood and albumin. Complains of headache.

September 12th.—Dermatitis all over his body. Urine smoky, contains 1·7 pts. of albumin per 1,000, sp. gr. 1,010; he passes on an average 45 oz. per diem.

22nd.—Dulness and râles at both bases. Has had a good deal of diarrhœa until yesterday. He is passing more urine now (about 60 oz. per diem.) It is still of low sp. gr., smoky and albuminous. The dermatitis has been followed by desquamation.

October 3rd.—Last night he had twitching of his tongue, lips and right side of the face. He did not lose consciousness. This was relieved by $CHCl_3$. Later he had two other fits which involved the whole body. Pleuritic rub heard at left base.

10th.—Has had twitchings several times since the 3rd, they chiefly involve the face and neck. He has had pilocarpine injections. Dulness at both bases, and a rub can be heard on both sides, but is louder on the left. *Urine* 80 oz. per diem, contains on an average 2-4 pts. per 1,000 of albumin; still smoky. Temperature has averaged 100° during the last few days.

13th.—Had a severe attack of dyspnœa last night; this was relieved by brandy and pilocarpine injection.

Dr. Hale White said that at first he thought that patient had ulcerative endocarditis, but later he had come to the conclusion that the case was one of chronic Bright, with hæmorrhage from some part of the urinary tract. The subsequent pleurisy, and the twitchings and dyspnœa, which were no doubt uræmic, confirmed the diagnosis.

PASS LIST.

OCTOBER, 1893.

SECOND CONJOINT EXAMINATION.

Anatomy and Physiology.

Askew, C. A. C.
Booker, C. W.
Duncan, G. E.
Hills, W. E.
Ormond, A. W.

Anatomy only.

Desprez, H. S.
Dudgeon, H. W.
Francis, C. J.
Golding-Bird, F.
Hedden, R.
Hughes, W. L.
Rowland, L. T. A.
Tulk-Hart, T. J. A.

Physiology only.

Prebble, E. A.
Scott, E. N.

This list is not official; any omissions will be supplied in our next issue.

FIRST CONJOINT EXAMINATION.

Materia Medica and Pharmacy.

Alexander, H.
Body, T. H.
Crosby, A. E. B.
Foster, J. J.
Izard, H. E.
Longhurst, S. H.
Stabb-Johnson, E. W.
Stanton, T. W.
Wood, W. R.

Chemistry and Chemical Physics.

Brown, G. M.
Lavers, N.
Maturin, A. E.

(Under Regulations dated 1st January, 1892.)

Chemistry and Physics.

Barker, H. J. M. D. S.
Cousins, J. S.
Crew, E. J.
Fell, R.
Fuller, W. A.
Grellet, W. P.
Martin, F. J. H.
Radley, R. W. J.
Simson, H.

Practical Pharmacy.

Hull, A. J.
Way, M. H.

Elementary Biology.

Bedford, G. H.

Passim.

The various notice-boards which adorn the Club and the School buildings have lately attracted our gaze, owing to the artistic pictures they bear. The object of these is evidently to draw the mind of the busy student away from his work to subjects social and hilarious, for in big letters they proclaim that a smoking concert is to be held to-day, October 21st, at 7.30. All kinds of enticing rumours are abroad, but we hear on good authority that Mr. Montague will once more be amongst us, that Jackson Lang (a host in himself) is bringing down a host of friends to entertain us, and that again we may satiate our musical desire as we listen to "Jimmy" Coulson. May they all be in good voice.

Before leaving the subject of the Smoker, we feel that the thanks of all Guy's men are due to Mr. G. A. Cock for his above-mentioned most beautiful drawings. We are delighted that someone has been found who can take up the pen lately laid down by G. Sichel, whom, in this respect especially, we shall greatly miss.

We offer our congratulations to A. Allport on his election to the captaincy of the Blackheath Football Club, which notable position had been rendered vacant by the resignation of H. Marshall, who has injured his knee, and will be unable to play for some time.

On Wednesday last Dr. Pye-Smith had the honour of delivering the Harveian Oration before the Royal College of Physicians.

On Saturday evening last Mr. F. J. Coleman read a very excellent paper on Ulcerative Colitis before the Physical Society. There was not, however, a very first-rate discussion on the subject, partly due to the fact that many of the leading lights of the Physical were away, and partly because Mr. Coleman's experience of this rare disease enabled him to deal thoroughly with the subject in his paper. That the absentees missed a very interesting paper there can be no doubt, but they will have the advantage of reading it in the columns of the next number of the Gazette.

Though a Committee has been appointed, and an additional prize instituted for exhibits, members have not had much to show; indeed we were very disappointed with the students' exhibits on the opening evening. There were, however, some very fine drawings illustrating Pond life, and a few photos last Saturday. We hope on the next occasion to see photos, micro-photos, pathological and rare histological slides, urinary sediments and crystals; in fact, a good collection of the innumerable objects of interest which are ever to be obtained in a hospital such as Guy's.

About a dozen Guy's men have "donned the brown holland" this session. Perhaps the best example of "multum in parvo" is a small child of six years, who during the last three months has had diphtheria, scarlatina (with a relapse), pertussis, adenitis (two attacks), and double otorrhœa.

The list of entries since 18th October, 1892, is as follows:—For Full Course, 116; Preliminary Scientific, 32; Dental, 32; Special, 58. The total will be found to slightly exceed that of last year. From some, at least, of these new students we hope to receive contributions to the columns of the Gazette. These need not necessarily deal with medical subjects, provided they are of general interest.

We are pleased to inform our readers that Mr. Clement Lucas is making a steady recovery from his recent attack of typhoid fever, and is, in fact, now convalescent. We hope to see him amongst us soon—the sooner the better for us.

Mr. Lane has also been indisposed, but has returned completely recuperated in health after a few days at Ramsgate. His illness, however, has prevented us from publishing his Clinical lecture in this number.

The College Dinner, at 1s. 6d. per head, which has been served in the Club each evening for the past four weeks, has been extensively patronised, and if only the present standard (of which we can personally speak) is maintained, looks like being a great success. Not the least of its advantages is that it detracts from the number of members dining *à la carte*, and this relief of pressure has resulted in diminishing the delays of that service.

We must remind our good friends, "Vaseline Pot" and others similarly inclined, that we cannot insert MSS. bearing no signature, for we can assure such modest men that unless they desire their articles to be signed, their names shall go no further than the Editor's hands.

We were pleased to see the Staff being photographed one day last week, and hope that copies will soon be obtainable by the Students at a reasonable price.

Our attention has been called to the case of John H. Robinson, who desires election to the Royal Medical Benevolent College, Epsom, in May, 1894. The candidate, who is twelve years old, is the youngest son of the late Enoch Robinson, M.R.C.S., L.S.A. Lond., late of Guy's Hospital, who practised in Dukinfield for thirty years. He died suddenly in December, 1889, leaving a widow and six children insufficiently provided for. The case is strongly recommended by Drs. Wilks and Pavy and Mr. Arthur Durham, among others. Proxies will be gratefully received by Mrs. Robinson, The Crescent, Dukinfield, Cheshire.

The opinion of the *St. Thomas's Gazette* for October was that the combination of their forwards and our backs ought to do some good against Blackheath, and we cannot but feel that their prophecies have been exceedingly correct. The game was first-class throughout, and the play of the combined forwards in the first half was especially noticeable. The *St. Thomas's Gazette* points out that, anyhow, the game was good practice for the Welsh matches; but we have further ambitions, viz., that it may have served to attract the attention of the Southern Counties' Selection Committee to the general excellence of the play of some of the Medical Students on the Surrey side.

The long promised *St. Bartholomew's Gazette* has at length been ushered into existence, and the Editors are fairly to be congratulated on the way they have overcome the trials and labours incidental to first numbers. We hope they may escape the stated cause of the demise of the other journals which have been started from time to time in that Hospital, to wit, "half-heartedness." We, of the oldest Hospital Students' Journal, beg to offer our lately-born brother the handshake of friendship and encouragement.

Members of the Volunteer Medical Staff Corps whose period of service expires on the 31st instant, and who do not propose to extend it, are requested to forward their resignations to headquarters during the first week of November. Equipment must be returned and subscriptions paid at the same time. This notice is of importance to those concerned.

We must apologise to those men whose contributions have been unavoidably held over this week, but writers have worked with such a will that we have now over ten pages of MSS. in hand. In fact, matter came in so fast that we seriously considered adding a supplement, and should have carried out this idea, if it could have been done without exceeding postage rates.

In Memoriam.

ARTHUR THOMAS BROWN.

Dear old "Ginger" Brown, whose death we briefly recorded in our issue of the 23rd ult., was so widely known among Guy's men, and so universally loved by those with whom he was brought into contact, that no contemporary history of our School in the Eighties would be complete without some record of the marks he left behind him. He was, in fact, one of those pivots around which the student life of his day revolved. Every one of us, even the most uninteresting, is influencing for good or for bad the character of each one with whom he is brought into contact. Though for the most part this process of interaction goes on unnoticed and often unnoticeably, yet the man must be rare who cannot in reviewing his past, point his finger at certain definite developments in his character, and identify them with the influence that this or that acquaintanceship has had on him. These changes, like scars, are permanent, unless eradicated by a greater influence; —like milestones, they divide the path of life into recognisable lengths. But although not one of us is without influence on others, certain names stand out as centres of groups of our fellow students. One can recognise the great men of the 1885 to 1890 groups; some of them are still among us. Dimly we can descry certain figures already even coming into distinction from among the otherwise as yet undifferentiated fog of the '93 entries, and with no uncertain outline one sees "Ginger" standing prominently out among the leaders born to Guy's in the early Eighties. The boldness of that outline is due probably to the two great facts already indicated—the wideness of the circle of those who knew and loved him, and the depth of the love (for there is no other word, his loss will be felt by each of his many friends as a personal loss; it leaves a vacancy that can never be fitted and filled) borne to him by all with whom he was brought into intimate contact. The circle of his acquaintances was so wide—firstly, because he was such a good all-round man, that he was continually adding to it, and on many sides at once; and secondly, because, rarest of rare qualities, he never negatived the increase by making enemies. Not that he was one of those one sometimes sees, who from dread of disagreement try to pander to all tastes. Far from it. Shamming was one of the few things "Ginger" could not do. His opinions were decided, and he lived up to them, and though it is given to few of us to let our

actions be so little influenced by considerations of cheap popularity, yet no man was ever less disliked than he, and we doubt whether a man could be found to say about "Ginger" a word that his best friend would consider unkind.

Football.—For many years a prominent and regular member of our Association Football Team, at the time when we were just winning a good name in that branch of sport, and carrying off the Inter-Hospital Cup year after year.

Fives.—In which it was always an open question whether he or poor Hawkins, who died of diphtheria while H. S., was the best man of his time on the old Petersham Fives Court.

Billiards and Cards, in which his sportsmanlike character did much to elevate the tone of the play in the old rooms—were his favourite games; but he was one of those who are at home in almost any branch of sport. A regular picture-gallery and theatre goer, a keen newspaper reader, he "knew his way about" in modern life, but he was a man of wide, if somewhat snatchy, and capricious general reading, and here again came in his wonderful instinct for spotting at once the wheat among the chaff, and the power of making part of himself, and using at the right moment that which had value. That a man so well developed in so many directions, and withal such a lover of ease and comfort and the quiet pipe (how few of us understand as well the essentials of comfort, and the way to procure them at small cost; for he was not a man of means), should also have acquired the right to sign himself M.B. Lond., F.R.C.S. England, before he was 25, stamps him at once as a splendid all-round man.

The Residents who have been invited by their colleagues to sit for a photo to be hung in "the Rooms," can be counted on the fingers of one hand. "Ginger" is one of them—the last; and although unfortunately in the excitement of the move from the old quarters to the new, the photo was never executed, still there remains the fact that his contemporaries conferred on him this highest honour that can be given to a fellow-student. This love of those who knew him well, was probably largely attributable to the following traits in his character: his disdain of commercial considerations, not actively expressed in words, for "Ginger" seldom volunteered criticism, but discoverable every hour of his life in his looks and actions. His utter want of self-seeking or self-pushing. His well balanced but ready and real sympathy. His open-mindedness and open-heartedness, and his open-handedness, carried to such an extent as to earn him the title of casual. The extreme alacrity and accuracy of his thought, in a discussion, a reasoning, a difficult diagnosis, he was always "there" as soon as anybody—as soon as his teachers—not seldom before them—but he kept on the outskirts of a crowd round a bedside, with his eyes on the ground or the ceiling, and his hands in his pockets shaking his trousers, and looking for all the world to one who did not know him as if he knew nothing and cared less. No student's opinion of his day was more sought for or more valued by his contemporaries, for "Ginger" was never "caught" nor "had." He had a keen eye for fallacies, and never forgot an experience, and so his opinion, though you had to pump him to get it, was that of an older man. He was scarcely ever wrong, because he knew when he was beaten—he knew what he did not know, and never made a fool of himself. In medicine, as in other things, the fool is the man who does not know what he does not know. You could not invent an awkward enough set of circumstances to make "Ginger" look anything but at his ease. Though sometimes called casual, and frequently misjudged to be slack, the energy was there—very much there; but it was never misdirected. The means were so beautifully proportioned to the end, that you hardly ever were conscious of the expenditure of much energy, any more than you were conscious of superfluous words in his talk or letters.

Arthur Thomas Brown was his full name. He was the son of Dr. Burton-Brown, of Cambridge, late of Bombay, and before that Demonstrator of Anatomy at Guy's; and grandson of Mr. Hewlett, of Brixton. He was born in Lahore, 1865, came to England 1870, was educated at the New College, Eastbourne, under Dr. Schreiner, and entered at Guy's in 1882. He is one of the few men (and there has been no case since) who have been H.S. and H.P., the former under the old regulations, the latter under the new; as well as R.O. He entered the Indian Medical Service with his brother, F. H. Brown, early in 1891, and proceeded to Netley, where he developed a severe cough, thought to be bronchitic, but which he himself discovered to be tubercular one day, casually staining his own sputum while he had nothing better to do in a Hygiene class, and finding it full of tubercle bacilli. Taking "the blow," as he called it, quite calmly (as indeed he took all the ups and downs of life), he came up to London, and under the advice of members of our staff, who considered his condition too acute to permit of the risk of a sea-voyage, spent that summer at Filey, and the autumn and winter at Bournemouth.

In April, 1892, he was allowed to leave England, and accepted the appointment of doctor to an hotel at Teneriffe, but when he got there, he disliked the look of things and people so much that he drove straight back to the ship without having taken his luggage off the cab, exchanged jobs with the ship's doctor and installing himself in that capacity, took the ship out to New Zealand, where he tried one or two health resorts and spent some very happy months with Daddy Mears at Christchurch, and Albert Martin at Wellington. He moved on to Denver, Colorado, for the winter, but could not stand the altitude, so he went south to El Paso, Texas, where he stayed till April, 1893, and where (until the dust storms of the spring set in) he was, despite the roughness of the accommodation, more comfortable than he had been anywhere else since his trouble began. He spoke most highly of the climate of the place as a winter health resort. The only other point which he criticised adversely was the lack of foliage.

El Paso, with its spring dust storms, was becoming intolerable, and he was still going downhill, so he made a move for home, and, having tried California for a few days and found it wanting, he arrived at London on April 29th of this year. He stayed a few days occasionally with his grandfather at Brixton, but made his home at his father's house at Cambridge, and throughout the lovely Summer Term he spent much of his time in watching the University cricket. Indeed, so keen was he and so strong, that he came to London for the Oxford *v.* Cambridge, and Gentlemen *v.* Players week, and enjoyed the games.

In August he went to Folkestone for a change, and there, in the little Victoria Hospital, came the end more rapidly at last than had been expected, but it had never been in doubt; at no period of the two years and a half did the disease receive any decided check. "Ginger" never wasted energy by kicking against the pricks. He wanted to live, but he knew he could not, and never once in those two years and a half did a grumble against his luck pass his lips. Throughout his long illness, and up to the very last, he was constantly enquiring after his old friends, chatting about them and old times, and taking the liveliest interest in all that was going on in his old school; and his character, habits and thoughts remained exactly as we had all known and loved them. He gave himself every chance, but as soon as his fate was inevitable, he shunned all treatment that was not conducive to comfort, and accumulated many "tips" for allaying pain, of which he had a good deal, and night sweats, and combating his old enemies, dyspepsia and insomnia.

His individuality will be perpetuated in the minds of his friends by many other quaint touches of manner, and odd but efficient methods, based on his knowledge of men and things. For instance, if he wanted a report widely circulated, he would tell it as "a great secret" to two or three of the tittle-tattlers of the day. His cheerful manner—his merry laugh—his keen sense of humour —were other traits to be remembered. He was a *good animal* and a thorough all-round MAN *first*, and a clever DOCTOR *afterwards*.

The photograph from which our engraving is copied is by Messrs. Elliott and Fry. It was taken in the afternoon of the day on which his own diagnosis of his disease was first confirmed by a physical examination.

FREDERICK J. BLEWITT, L.D.S. (ENG.).

Frederick James Blewitt was educated at Moravian School, Ockbrook, near Derby, and from there passed his Preliminary Arts Examination. After serving as pupil to Mr. Mather Horsey, L.D.S., of Highbury, N., he joined Guy's Hospital in 1889, making one of the first six Dental Students at the School. Having held all the minor appointments, he obtained the Diploma in Dental Surgery of the Royal College of Surgeons (England) in November, 1892; was appointed Dental House-Surgeon in January, 1893, and re-appointed in June last. While fulfilling this appointment he was suddenly taken ill on Sunday, October 8th, and removed into Clinical Ward, where he died on the following Friday night.

I cannot do better in speaking of my friend than quote from a letter I received from a member of the Dental Staff. "He was deservedly popular on account of his unobtrusive manner and the conscientious discharge of all his work. I invariably found that he did his duty thoroughly, both in hospital and private practice, and that without the least desire to spare himself. I am sure you and all of us have lost a good friend, and one who would have succeeded in our profession." How true these words are we who have worked with him well know.

P. H.

GUY'S HOSPITAL DEBATING SOCIETY.

The last meeting of the Society was held in the Smoking Room of the College, on Saturday, the 7th instant, Dr. Pavy being in the chair. After the minutes of the preceding meeting had been read and adopted,

Dr. PAVY, in the course of his introductory speech, remarked that although the discussions of the preceding session might not have had any large or immediate effect upon the actions of the statesmen of our own or other countries, still he knew that the meeting of men together to debate familiar topics did good individually; and medical men especially ought, by constant practice, to become proficient in expressing themselves clearly, succinctly, and forcibly on any subject which came under their notice, so he should strongly advise everybody who could to attend the debates regularly and practice speaking. He then called upon

Mr. R. O. MOON to move, "That in the opinion of this House, the influence of the House of Lords has always been detrimental to the best interests of this country, and that the time has now arrived when that influence should be abolished." The opener, in his usual scholarly manner, proceeded to review the constitution of the Lords; he objected to the principle of hereditary legislation, and pointed out that it was about as absurd as that there should be hereditary Bishops. The divine right of Kings had long been obsolete, but we seemed to have a sort of feeling that there was a divine right of the House of Lords. He then quoted several instances where the House of Lords had thrown out measures that had been passed several years later, and had in consequence retarded Reform during those years. He hoped that honourable members would not vote for the continuance of an obsolete and useless Chamber.

Mr. F. H. CARPENTER then moved as an amendment: "That in the opinion of this House, the influence of the House of Lords (in conjunction with the other Estates of the Realm) has resulted in the passing of laws which have served as a model for all enlightened nations in the world, and is, therefore, entitled to its gratitude and support." In support of his amendment, he reviewed the history of the House, and the useful work it had done in the past. He pointed out the proportionately few

members at present sitting, who sat there only because they were the eldest sons of those who had previously sat there, and instanced the large number who had been created peers, including the Bishops and Lawyers. He mentioned several instances of useful legislation which had originated in the House of Lords.

Mr. Brickdale said he felt sure if Mr. Carpenter went to the logical conclusion of his ideas, he would land himself into an absolutely inextricable maze. He ridiculed the idea that anybody could rationally support such an anachronism as the Lords.

Mr. Carden drew a most terrible picture of the effects which he thought must follow the abolition of the House, including deposition of the Sovereign, formation of a Republic, general anarchy and civil war.

Mr. Passmore urged that Guy's had in the past always been in the van of improvement, and hoped, therefore, that every Guy's man present would vote for the abolition of the House, and the immediate necessary improvement of all things legislative.

Mr. Ham, in a maiden effort, said he considered that the House of Lords compared very favourably with the House of Commons in the fitness of its members for legislating; they could consider a measure more impartially than the Commons; and the general Conservative tendency of the Lords was useful in repressing hasty and rash change, which the Radicals liked to think was always, and of necessity, Reform.

Mr. Higgins objected to the hereditary character, as so many of the aristocracy had to marry heiresses who were often sterile, thus rendering the fresh creation of Peers a necessity.

Mr. Houston, in reply to Mr. Higgins, thought that if the highest member of the aristocracy—the Queen—were taken as an example, honourable members would hardly agree with Mr. Higgins. He also pointed out that the Lords represented the land interests, which now are much under-represented in the Commons.

Mr. Hopkins stigmatized the Lords as wanting in political integrity, and adduced the fact that they had thrown out a Reform Bill of Mr. Gladstone's, which Mr. Disraeli had dished up in the next Parliament, and induced them to pass.

Mr. Coleman charged the Radicals with having introduced the idea of the abolition of the Lords, simply because they had thrown out a fad of Mr. Gladstone's, which the Commons had only partly considered.

Mr. Pakes pointed out that the foundation of England's greatness had been laid by the aristrocracy when the democracy was hardly a power in the land, and he felt convinced that the present House of Lords was in no way inferior to that of bygone centuries.

Mr. Statham could see no reason why because the House of Lords had done good work in the past it should therefore be kept up now that it was not only useless, but also an absolute hindrance to the true progress of the nation. The great Bill which the Lords had recently thrown out had been before the country for years, and, as the people wished it, the Lords were going against the will of the People (capital P!)—a thing not to be endured. Down with the House of Lords! Away with Hereditary Legislation! Then we shall have Progress and Reform!

Mr. Moffat gave the House the only quotation from a foreign language: *Post hoc sed non propter hoc* was the true explanation of the reforms during the time when the power of the House of Lords was at its zenith.

Mr. Glover was by no means a Conservative, but he should be very sorry to see the abolition of the Lords. A second chamber was admitted to be a necessity, and he had never heard from any Radicals a better substitute for the present House.

Mr. Partridge thought that hereditary surgeons would be quite as logical as hereditary legislators; the only difference was that the results of the former would be very immediate, whereas those of the latter are more remote and not so easily grasped, though quite as great.

Mr. Hardy asked Mr. Statham how he made out that the Home Rule Bill had been before the country *for years*, as it was only formulated last February. Mr. Statham could only explain by a second speech, which the rules of the House would not permit.

Mr. Carpenter then replied, and after him Mr. Moon.

The Amendment was then put, and, exclusive of the tellers, there voted:

For the Amendment	16
Against	12
Majority for	4

The motion was lost without a division.

Mr. Moon then proposed and Mr. Carpenter seconded a vote of thanks to Dr. Pavy, which was carried with loud acclamation. The meeting then adjourned for the usual coffee.

THE ELECTRICAL DEPARTMENT.

Dr. Pitt has been appointed to take charge of this Department, in place of Dr. Washbourn, who has resigned, as he wishes to give more time to Bacteriology.

During the three years Dr. Washbourn has been in charge here, several improvements have been made, amongst which may be noted:—the size of the room has been nearly doubled; a dark room arranged for laryngeal work; a statical machine added; and three switch boards arranged, of which the large elaborate one, by Messrs. Down, is used for testing purposes, the two others, by Messrs. Pullin & Chapman, are used, one for general treatment, the other for charging the accumulators through the Volt and Ampère meters.

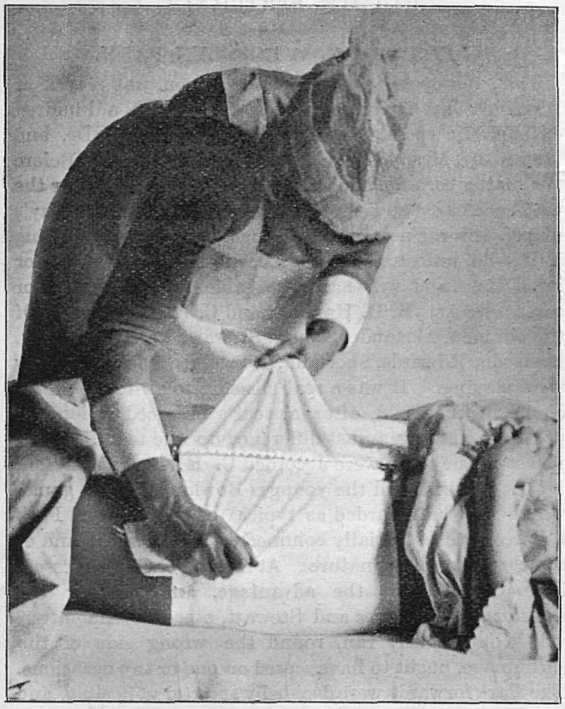
Since last January, 94 new cases have attended; of these—

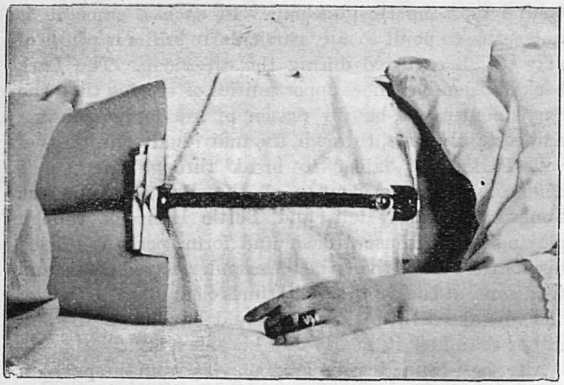
18	were	Infantile paralysis
6	„	Occupation paralysis
6	„	Hemiplegia
5	„	Lead paralysis
5	„	Sciatica
5	„	Rheumatoid arthritis
2	„	Cut nerves

The rest were very various, many obscure.

Notices.

HUNTER'S PATENT AUTOMATIC GRIP AND SPLINT.





This abdominal bandage, of which we give two illustrations above, is designed primarily for obstetric uses, but is also stated to serve good purpose in acute lumbago, or as a general covering for large poultices or dressings. The chief advantages claimed for it by the patentee (B. Hunter, 5, Charlotte Street [South], Bristol), are—(1) Immediate application without movement of patient; (2) easily regulated compression without pins, etc.; (3) no risk of coming undone or rucking up; (4) irregular strain can be applied if required; (5) can be used on any sized patient; (6) causes no sense of *weight;* (7) may be used with sectional bandages in wounds, of which parts may be examined in turn, without disturbing the whole; (8) in obstetrics, may be confined to the pelvic organs, and so interference with the respiratory, circulatory or digestive systems is obviated; (9) the binder may be washed and the grips —being made of plated steel—may be boiled, and are also practically indestructible. Bleached cotton swansdown is used (bleached being thinner than unbleached), and the binder is applied with the woolly side next the skin; the ends are then brought through the grip and pulled outwards and downwards, when the teeth catch automatically.

Various patterns are being made for the Army Medical Department at Berlin, and for the Government Hospitals at Netley and Haslar; it may be obtained from the patentee, or from any leading instrument dealer.

F.

CALENDAR OF COMING EVENTS.

Oct. 21.—1st XV. *v.* Hon. Artillery, at Finsbury.
2nd XV. *v.* Middlesex Wanderers, at Richmond.
1st XI. *v.* Gravesend, at Gravesend.
2nd XI. *v.* St. Bartholomew's, on Opponents' Ground.
United Hospitals Hare and Hounds. Opening Run with the Lea Harriers, from the Royal Forest Hotel, Chingford.
Bicycle Club.—Run to West Wickham. Tea and Social Evening at the Wheatsheaf Inn.
Smoking Concert in College, 7.30.

,, 25.—2nd XV. *v.* Royal College of Science, at Honor Oak Park.
1st XI. *v.* Marlow, at Marlow.

,, 26.—Medical Prayer Union Meeting. Subject, "Some Features of Christianity."

,, 28.—*1st XV. *v.* Swansea, at Swansea.
2nd XV. *v.* St. Thomas's Hospital, at Honor Oak Park.
1st XI. *v.* Chiswick Park, at Chiswick.
Physical Society.—Clinical Evening, 8.

,, 30.—Last day for applying to Registrar for form of entry for M.D. and M.S. Lond.
Final M.B. Lond. Exam. begins.
*1st XV. *v.* Cardiff, at Cardiff.

Nov. 1.—1st XV. *v.* East Sheen, at Richmond.

,, 2.—Medical Prayer Union,—Address by Rev. F. B. Meyer, "The Temple of the Body."

* Combined with St. Thomas's Hospital.

BACTERIOLOGY.

Tuesdays, Mondays and Saturdays, at 9.30, in the New Lecture Theatre.

This course will commence on Tuesday, November 7th, at 9.30 a.m. The Practical Class will be held in the Laboratory immediately after the Lecture.

There is no fee for Guy's students attending the lectures. Those who join the Practical Course will be required to pay one guinea for material.

Sport.

ASSOCIATION FOOTBALL.

GUY'S 1st XI. v. BECKENHAM.

This, our first match of the season, was played at Beckenham, on the 7th instant, in showery weather, and before a numerous attendance. Guy's lost the toss, so kicked off; play was very even all through the first half, and it was not till the end of half-an-hour that Fitz-Hugh, from a pass from the right, scored the first goal for us, with a shot which gave Bolus, their goal-keeper, no chance. On re-starting, Beckenham, in response to the calls of their supporters, went away with a rush, and a bit of loose play on the part of our backs enabled their inside left to score a very fine goal, which Lavers could not have possibly saved. Half-time was soon afterwards called with the score one all. Play in the second half was much in our favour, and better combination in the forward division would have materially increased our score. It was not, however, until a quarter of an hour from the close that we obtained the deciding goal; a shot from the centre being only partially saved by the goal-keeper; Davies rushing up in capital style placed Guy's ahead. We thus won our opening match by 2 –1; and that such form may continue is our fervent hope. Turning to the individual players, we must give first place to our three halves, who proved to be the backbone of the team; they all played finely, and time after time broke up the attack of our opponents' forwards. We were pleased to see N. C. Cooper among us, and trust our opponents may ever find him a hard nut to crack. The backs and goal-keeper did all that was required of them, but Prince must learn not to miss his kick at critical moments. The forwards were willing but weak, the passing at times being very ragged and feeble, they really must "buck up." Team—

N. Lavers (goal); P. C. Prince, F. J. Lidderdale (backs); H. Hewetson, N. C. Cooper, A. E. Crosby (half-backs); A. A. Millar, C. E. Davies, R. T. Fitz-Hugh, C. E. Brookhouse, C. H. Murray (forwards).

GUY'S 1st XI. v. BARNES.

Played at Honor Oak, on 14th instant. The game itself needs little description, as we simply made rings round our opponents. Playing against the wind in the first half, we put on three goals, and on crossing over added four more to their one. Fitz-Hugh, 4; Stamford, Packer and Brookhouse, one each. We do not wish to prophecy, but unless Barnes make vast improvements in their team they cannot possibly hope to beat us in our approaching cup tie. Our team was not as strong as it might have been, as we were minus the services of N. C. Cooper and A. B. Carter. Team:—

N. Lavers (goal); P. C. Prince, F. J. Lidderdale (backs); H. D. Packer, H. Hewetson (Captain), and A. E. Crosby (halves); R. B. Stamford, C. H. Murray, R. T. Fitz-Hugh, C. E. Brookhouse, and A. A. Miller (forwards).

We are pleased to note that three of our men, A. B. Carter, N. Lavers and R. T. Fitz-Hugh have been chosen to play in the Surrey County Trial Match on October 18th.

RUGBY FOOTBALL.

GUY'S 1st XV. v. ROSSLYN PARK.

This, the opening match of the season, was played at Brockley, last Saturday week, before about a hundred enthusiastic spectators, amongst whom were Dr. and Mrs. Shaw, Mr. and Mrs. Targett, Mr. Fripp, etc. Before the match began, a shower or two fell, but soon after the weather cleared and, though windy, remained fine. Guy's played several new men, amongst the absentees being Bell (who, unfortunately, has been obliged to lie up for some time and will hardly be able to play again for several weeks), E. D. Hancock and C. R. Nicholson. Of the old men, Alexander, Jones, Stewart, Bertie Hancock, Dudgeon, Edwards, Shorland, Rowlands, Pike and Slater were playing. It was a real pleasure to all to see Slater again in the field, after a year's enforced quiet, his presence making a vast difference to the team. Other places in the team were accorded C. H. Bryant, Tyson, Dykes, Saward, and the younger Rowlands. The game, which may be regarded as typical of our Rosslyn Park fixtures, was essentially confined to the forwards, and of a rather scrambling nature. At the outset Guy's pressed, and had slightly the advantage, and but for the inferior play of Jones and Stewart, especially the latter, who continuously ran round the wrong side of the scrimmage, ought to have scored on one or two occasions. The Park forwards were decidedly smarter at heeling, and their halves played a steadier and more consistent game behind than the Hospital pair. In such a game it is impossible to point to any particularly brilliant pieces of play which occurred during the afternoon. The Park back division had more opportunities of scoring than the Guy's *contingent, but by reason of indifferent passing*, and certainly once, through the individual selfishness of "A. Parkman," failed to break through the Guy's defence. It was evident to all that Bell's absence was somewhat severely felt, and Bertie Hancock, though playing with his usual dash and form, perhaps missed his confrère more than all. Alexander played a safe and good game at back, and several times cleared well—though one mistake of his, when he should have held the ball rather than kick it, nearly cost his side a try.

After half-time, Rosslyn Park playing from the pavilion end, had perhaps the best of matters, and, but for the excellent defence of Hancock and Jones, who were playing much better, and their own ill-judged passing, must have scored, Guy's having twice to touch-down. On the whole, however, Guy's quite held their own, and right up to time never looked a beaten team, nothing being scored on either side, and the match left drawn. Dudgeon, on the right wing, was not quite happy, though he tackled well at times, but like Bryant he was not always in his place, and then the tackling was left in

Hancock's hands. Bryant, on the left wing, hardly had a chance of demonstrating his running powers; he shewed pace, however, on several occasions, and his passes, on the whole, were good. His tackling was safe, but he almost always ran across Hancock, taking the wrong man. This serious defect he will, no doubt, soon remedy, as certainly, now that Bell is *hors de combat* for a time, wing three-quarters are badly needed for the first fifteen. Of the halves, Jones played well in the second half, his passing at times being erratic however. Stewart never played worse, and his objectionable practice, already mentioned, of running towards the touch-line round his other half, was sad to witness. The elder Rowlands was the pick of the forwards, and played a sound, hard game throughout, and was specially good out of touch. Slater, though playing in his first match, has lost little of his old form, keenness being the prominent feature of his play. Edwards and Pike used their weights well, and played up hard to the end. Tyson was the best of the freshers, he is a hard worker and can last, he is a good weight, and, using all of it in the scrum, is an acquisition, and must keep in good training. Neither Dykes nor Saward shewed particular form, and doubtless may improve when their first nervousness is worn off. The younger Rowlands shewed considerable improvement on last season's form, and it is regrettable that he does not see his way clear to play for the Hospital.

GUY'S AND ST. THOMAS'S (Combined) v. BLACKHEATH.

This match, by reason of the combination set against the powerful metropolitan club, was of more than ordinary interest to the three thousand spectators who lined the ropes at the Rectory Field on Saturday last. The ground was in excellent condition, and, but for the absence of Bell behind the scrimmages, the Hospitals were fully represented. Hubbard won the toss and elected to play with the wind from the Pavilion end. It was soon apparent, after the kick off, that the club had by no means an easy task before them. A spirited attack on the home defence gave the Hospital backs a chance of scoring, but Jones made a wild pass across the field to Thorman, and the chance was gone. The forwards were playing a most determined and brilliant game, continually screwing and rushing the Heathen division, and putting their goal in jeopardy on several occasions. In fact, the medicals had matters entirely their own way, and had Jones and Hood but been in better form, especially as regards passing tactics, the Hospitals must have scored. Just before half time Hancock made his mark and essayed a kick at goal from half-way, the ball just falling short. Bad passing by our back division gave the home three-quarters an opportunity, but Alexander came to the rescue with rather an indifferent kick into touch. On change of ends the Hospitallers still had matters all their own way. Blackheath then got the ball out in our half, and a low pass from Latter was finely intercepted by Rotherham, who raced down the field. On reaching Hubbard, he passed to Thorman, who scored the first try in the game, a yard or two from the post. Rotherham's kick, however, was unproductive. The "Student" crowd yelled with delight, and were very jubilant after the drop-out; the ball again returned to the Blackheath lines from a long kick by Hancock. Here, Jones getting possession, transferred to Hancock, who in turn gave the leather to Stewart, the latter losing the ball on the line. The home forwards now began to play up, Rigby especially being prominent, and gradually forced the ball down the ground. Their back division were passing more accurately, but the Hospitals' tackling was good, Hancock, Rotherham and Stewart bearing the brunt of the work. An exceedingly bad offside offence of Rouillard's, almost in our twenty-five, gave Fegan a chance at goal, which failed. Grand passing on the part of the Blackheath three-quarters enabled Devonshire to score a try, which Fegan converted. Hancock, following up his own drop-out grandly, tackled Hubbard, and a scrum was formed in the home lines. However, in proportion as Blackheath improved, the Hospitals slackened, and began to be fairly outplayed. Fegan obtained a second try after a clever run, and almost immediately Latter ran down the touch-line, Stewart being altogether out of his place and failing to touch him. The Hospitals made a gallant attempt to score again, chiefly through the aid of Hood, Rotherham and Hancock, but nothing further being scored a splendid game ended in a win for Blackheath by a goal and two tries (11 points) to a try (three points).

The reason of our defeat is not far to seek—simply the fact that we went to pieces in the last twenty minutes. Up to that time the Hospitals had by far the best of matters, and most certainly ought to have scored more than once.

The best forwards on the losing side were undoubtedly Elliot, who played a grand game, Rowlands and Slater. The latter especially shewed up, and, with Rowlands, did a heap of work. Shorland worked hard, but hardly shewed the quickness he might have done; on several occasions his tackling was good.

The less said about the play of the halves, from the attacking point of view, the better; if anything, Hood was better than Jones. Both of them, however, were palpably out of form, and their passing simply too awful to speak of.

Of the three-quarters, Hancock, who captained, was far and away the best. His tackling was excellent, his kicking good, though he hardly found touch so often as usual. By reason of the generally inconsistent support accorded him by his confrères, he was not, perhaps, in such excellent form as usual, but he was the hardest worked, and certainly the hardest worker on the field. Next to him, Rotherham played fairly well with Thorman, but his kicking was certainly much below his usual form. Stewart tackled very well, and but for the time when he should have taken Latter, kept his place fairly. Alexander's tackling was as good as ever, but his kicking decidedly below form. He frequently got the ball on

the side of his foot, and once ran across the ground when he should most certainly have "found touch."

It is impossible to speak too fully of the match, and, perhaps, one cannot do more than say—It was one of the finest games and finest struggles ever seen on the Rectory Field. Team :—

Guy's and St. Thomas's.—K. B. Alexander (back); H. M. Stewart, W. I. Hancock (Captain), A. Rotherham, Thorman (three-quarter backs); N. Hood and M. P. Jones (half-backs), Elliot, Rowlands, Slater, Adair Thompson, Sedgwick, Rouillard, E. T. Shorland.

GUY'S 2nd XV. v. WICKHAM PARK 2nd XV.

The opening match of the season was played on the 7th instant, at Lee, the ground being very wet on the surface. The game was very one-sided, Guy's having it all their own way from start to finish; indeed, our forwards had those of the Wickham Park team completely at their mercy, and the comparatively low score was due to the wet state of the ball. Our forwards all worked hard and effectively, except that at times the packing was bad. Stead and Cleveland played well, and when the forwards get together a little, they ought to turn out a useful little pack. T. Morgan and Muriel played nicely at three-quarter; Muriel kicked beautifully along touch; Morgan passed perhaps a little wide, but the condition of the ball was against him. Final score:—Guy's, one goal, two tries, to Wickham Park, nil. Muriel scored two tries; Hicks one; Collins kicked the goal. Team:—

J. Moore (back); Muriel, T. Morgan, H. Maturin (three-quarter backs); H. T. Hicks, P. F. Henry (half-backs); E. H. Van Someren, H. A. Moffat, H. Pern, G. N. Mottram, E. Butler, V. E. Collins, C. C. Stead, H. Griffiths, J. Cleveland (forwards).

GUY'S 2nd XV. v. LONDON AND WESTMINSTER BANK.

Played at Denmark Hill, on the 14th instant, and, after a hard game, ended in a draw, neither side scoring. In the first half the Westminster men had the best of the game, in consequence of the wind, which was blowing hard down the ground. Moore saved his side over and over again, and played splendidly at back throughout the match. Muriel and Morgan did not get enough to do, the other three-quarters being strange to them, but they both tackled well. Our forwards showed to advantage, and were superior to the opposing division. In the second half Guy's had the best of the game, and the worst of luck, in not scoring. Teams :—

London and Westminster Bank.—A. Podmore (back); F. W. Stone, F. F. Musson, D. R. Hole, R. Thomson (three-quarters); G. P. Murray, F. Robarts (halves); L. Pitt Brook, H. W. Fisher, C. Palmer, S. H. Pritchard, T. W. Haines, H. O. Mansfield, H. E. Shipp, E. R. Selfe (forwards).

Guy's.—J. Moore (back); H. Barrow, E. Butler, T. Morgan, W. Muriel (three-quarters); H. T. Hicks, P. F. Henry (halves); W. Tyson, C. C. Stead, A. J. Cleveland, H. A. Moffat, H. Griffiths, R. F. Clarke, H. A. M. Sayward, W. F. Lindsay (forwards).

GUY'S HOSPITAL BICYCLE CLUB.

TWENTY-FIVE MILES (SEALED) HANDICAP ROAD RACE.

Thanks to the energy of Milbank-Smith and others no less than ten entries had been secured for this race, which was decided on Monday last in the early part of the afternoon. The fates were propitious; the vigilance of the police had been eluded, the starters had eaten heartily, the surface was chiefly excellent, and the threatening rain held off. The six men passed Mr. Munro in a style that satisfied his critical eye, and the race was fairly started. By the nature of the handicap no one knew the start allowed him till after the race, the struggle, therefore, was keen to the very end. The starting and finishing points were close to Gatwick Racecourse, on the Brighton road, and the journey was to Crawley and back and then twice round an ellipse, terminated by Povey Cross and Woodhatch. The first 7 miles were done in 25 min. 2 sec., Milbank-Smith leading, followed at 400 yards distance by Purnell and Henson, all going strongly. After 10 minutes' interval Reed came along followed by the Hovendens. At 16 miles the three leading men were bunched together, Milbank-Smith leading on a strange machine, he having "croppered" off his own and badly shaken himself. Sixteen miles in 1 hr. 5 min. 29 sec. The other three men gave up about this time. At the finish Milbank-Smith was first in, having journeyed the 25 miles in 1 hr. 47 min. 30 sec. He was followed in 32 seconds by Henson, who had been well paced and capitally looked after throughout the race. Purnell followed 31 seconds after Henson. Nett time of those who finished as under :—

Henson (20 min. start),	1st prize,	1 hr. 28 min.	2 sec
Purnell (2 min. start),	2nd ,,	1 hr. 46 min.	33 sec.
Milbank-Smith (scratch)	...	1 hr. 47 min.	30 sec.

After the race twelve men sat down to tea at the Thorns Inn, Horley. The best thanks of the Club are due to Mr. H. A. Munro for kindly rendering his services as starter and judge.

Births.

BRADBURY.—On October 4th, at 25, Upper Dicconson Street, Wigan, the wife of J. A. Bradbury, M.R.C.S. Eng., L.S.A. Lond., of a son.

WEBBER.—On October 7th, at Church Road, Rickmansworth, the wife of H. W. Webber, M.D. and B.S. Lond., of a daughter.

Marriage.

KEMP—GOULDESBROUGH.—On September 30th, at the Priory Church, Worksop, George Lajus Kemp, L.R.C.P. Lond., M.R.C.S., elder son of the Hon. G. T. R. Kemp, M.D., Nassau, N. P. Bahamas, to Beatrice May, daughter of the late Thomas Gouldesbrough, Esq., Highfield, Worksop.

Guy's Hospital Gazette,

NOVEMBER 4, 1893.

OUR ENTRY.

THIS is the first time for twenty-one years that we have beaten St. Bartholomew's Hospital in the number of our full entries. In 1867 we were even, with 71 each. From that year until 1873 Guy's was in advance; indeed, in 1870 it was very much in advance, the numbers being 112, as against 82. But in 1873 we began to fall behind, and it has taken us twenty-one years to recover the position of leader. And during the whole of that time Bart.'s has held undisputed sway; its topmost position has never been assailed by any Metropolitan Medical School. We may, therefore, be congratulated on outstripping our friendly rival in such a protracted race. In the words of a contemporary, "The complete revival of the great School of Guy's Hospital will be a matter of general congratulation." It goes on to state the probable cause of the success, but modesty forbids that quotation. Curiously enough this space of time exactly corresponds with the life-history of our GAZETTE, for only a few weeks ago we were reminded that we had come of age.

Advantage was taken of the occasion to review at some length the history of Sport at Guy's, and very interesting it has been. To review in like manner the many changes which have been wrought in our school-work since the GAZETTE first saw the light, would take more room than the exigencies of space allow. There are, however, one or two points to which we should like to refer. Very rightly may we be proud of our triumphant entry and large school, but there must be quality as well as quantity. For those who know it not, let it be said that one of the strongest traditions cherished at Guy's is that its Medical School turns out the best qualified all-round men in the world. To uphold this perfection steady work is necessary, and careful use must be made of all the opportunities for acquiring practical knowledge which are so freely bestowed within these walls. And it is very satisfactory to hear that, within a fortnight of the beginning of the session, all our new men had their work to do, and, better still, were doing it. The wisdom, too, of the increase in the number of dresserships and other clinical appointments must now be admitted; though, at the time when the changes were made, there were many who not unnaturally deplored the alteration in that characteristic Guyite institution—the full dressership. Looking back for a quarter of a century over the College reports we see that there were palmy days then—at least in some respects. Compare the pass list of the present year with that of 1868, the year by-the-bye in which Mr. Howse took his Fellowship:—

	1868.		1893.	
	Number of Candidates	Percentage of Passes.	Number of Candidates.	Percentage of Passes.
First Fellowship...	67	91	149	37
Final „ ...	25	100	74	65
First Membership	500	78	792	59
Final „	398	85	860	62

In this comparison only the Surgery candidates of the Final Conjoint for 1893 are included, because they are the only ones included in the 1868 list. Similarly the Anatomy candidates of the Second Conjoint (1893) are used for comparison with the old First M.R.C.S., the percentage of passes in Physiology in 1893 being practically the same. Yes, those were palmy days — a four years' curriculum, and only two professional examinations. With the gradual increase in the number of candidates the standard has been raised, the rejections are far more numerous, and the number of the examinations has been more than quadrupled. This is perhaps rather a depressing welcome to the new comers, yet it will serve a useful purpose if it emphasises the need of good work by every student, in order that we may maintain our position as the leading School in honours as well as in numbers. What effect the five years' curriculum will have upon the total entry to the profession cannot yet be determined. The returns, however, of the London Schools for the past three years show a diminution of about 17 per cent. Various explanations of this reduction may be offered, but we must reserve such considerations for another time.

The Dental Department has more than kept pace with the Medical in the matter of fresh entries. This is the fifth year of its existence, and very appropriately the entry is five times that of the first year—a mode of progression which renders it easy to calculate its prospects. University College is still a long way ahead of the other Schools in the number of its preliminary scientific students. This year their figures are 75 against 43 full students, from which it may be concluded that the men go elsewhere for their medical training. We hope this is not the case with ours.

Hospital News.

IN THE SURGICAL WARDS.

Under Mr. Durham.

Lazarus 5.—W. P., 23, admitted for swelling in the neck, which he had first noticed on Friday morning, the 27th Oct.; on the previous day, however, he had several rigors.

On admission, at 12 (noon), on Saturday, there was a great deal of œdema on the right side of the neck, which extended under the chin to the left side. Just under the angle of the jaw was a small area of a black sloughy nature, surrounded by an inflamed area of skin (he had been working as a waterside labourer carrying imported grain). Malignant pustule was suspected; he was operated on at 3 p.m., when a ring of vesicles which were confluent had developed around the slough; the eschar was excised, together with a considerable part of the surrounding skin; subsequently the patient was quiet until about 1 p.m. on Sunday, when he became very restless, attempting to get out of bed. At 3 p.m. he became unconscious and was quieter, but could take nothing by the mouth, so was given port wine enemata at intervals, and injections of strychnine and morphine. He remained unconscious until his death at 3 a.m. on Monday the 30th.

Post-mortem:—

Brain.—Subarachnoid hæmorrhages over almost the whole surface of the cerebrum and cerebellum; hæmorrhage had also occurred in the lenticular nucleus; the blood from these contained numerous anthrax bacilli, as did also the blood from a vein in the forearm.

Lungs.—A few hæmorrhages on the surface of the right lung.

The other organs were healthy.

Martha 9.—C. L., 2. A marked case of Talipes Equino Varus on both sides. Mr. Golding-Bird operated on the left foot on October 5th. The tendo Achilles was subcutaneously divided, and also the tendons of the tibialis anticus and posticus, and all the structures on the inner side of the foot down to the bone. The foot was put up in a fairly good position, but the skin on the inner side of the foot was considerably stretched, so that it was decided to operate by the open method on the other side; this was done on the 27th, the skin, tibialis anticus, tibialis posticus, and all the strictures down to the astragalo-navicular joint (which was opened) were divided, also the tendo Achilles subcutaneously; the edges of the wound on the inner side of the foot were approximated with wire sutures, but a splint has not yet been put on.

Under Mr. Howse.

Charity 9.—W. T., 7 months. Admitted October 25th for double hare-lip and cleft palate. No other cases in family. Has had scarlet fever.

On admission.—There is a double hare-lip, the fissures not extending into the nostrils, also a double cleft from the uvula through the soft and hard palates as far forward as the alveolus, continued on the right side through the suture between the superior maxillary and intermaxillary bones; the vomer presents a free border in the middle line of the cleft. The clefts in the lip are of equal length, and the central portion of the lip projects a little.

Charity 12.—M. R., 8. Admitted October 18th, for tubercular disease of the shoulder-joint. ? Subcoracoid dislocation. No history of tuberculosis having occurred in the family. A year ago she fell on her left shoulder, for which she came up to front surgery, where lotion was applied to the shoulder. Patient apparently recovered. Three months ago she again fell on her left shoulder; the shoulder, which was very painful, was strapped, and patient given cod liver oil and iron.

On admission.—Great deformity of left shoulder, the deltoid being especially flattened. Acromion process of scapula is very prominent, as is also the great tuberosity of the humerus, and, internal to the latter, the bicipital groove can be easily defined, and more internally, the head of the humerus. There is ankylosis of the joint, whatever movement is present being almost entirely due to movement of the scapula on the wall of the chest. The left upper extremity has wasted somewhat.

Measurements.—(1) From sterno-clavicular joint to outside of shoulder—right 4⅝in., left 4⅛in. (2) From junction of spine and acromion process of the scapula to external condyle of humerus—right 8in., left 8in. (3) Vertically round shoulder-joint—right 9in., left 9in. (4) External condyle to styloid process of radius—right 6¼in., left 6in.

27th.—*Electrical re-actions:*—

Deltoid (anterior)	Strengh of current	9	KCC > ACC
„ (posterior)	„ „	6	KCC > ACC
Infraspinatus	„ „	10	KCC > ACC
Supraspinatus	„ „	8	No contraction

Faradism, infraspinatus and supraspinatus show diminished contraction. The above muscles have atrophied from disease, there being no nerve degeneration.

Naaman 4.—Epithelioma of tongue. C. M., æt. 58, admitted October 21st. Has had two abscesses on arm, one when quite young, the other about fifteen; when

eighteen or nineteen had a severe attack of venereal trouble; about twenty-five or twenty-six had "a fungus" on left thumb, which caused blood poisoning. Five weeks ago present swelling began, since when it has grown gradually up to its present size, and has become painful. He went to a doctor, who gave him some medicine and lotion, and applied acid to the place. Has been a great smoker, and has had a sore tongue on occasions in consequence.

On admission.—Has a swelling on left side of tongue, about size of a florin; it has everted and indurated edges, with a slough in the centre; glands apparently not affected; the tongue is freely movable.

27th.—*Operation.*—Two silk threads were passed through the tip of the tongue on each side of the middle line, to keep it well outside mouth during operation; frænum was cut, and then tongue divided down middle line for about three inches so as to go half an inch posterior to growth, and by a transverse incision left half of tongue was removed. Four arterial points were tied, and mouth washed out with 1 in 1000 perchloride solution, and cut surface of tongue painted with a solution of iodoform and ether.

NAAMAN 19.—J. B., æt. 16. Admitted October 20th for left hip-disease. When four years old he fell on his left hip, causing some injury to it; three months afterwards found he could not use his left leg as well as his right, and for this he attended an hospital at Birmingham as an out-patient. About a year after the accident he underwent an operation at University College Hospital for a swelling that had been gradually appearing on the front of the thigh. The next year he spent partly at that hospital, and partly at convalescent homes; after this he managed to get about a little. This state of things lasted for five years, during the first few months of which he was an out-patient at University College Hospital, where he had abscesses lanced two or three times. At the end of these five years an abscess on the front of the thigh was opened, and something done to the hip. In June, 1892, he fell on to his hip a second time, and was admitted to an infirmary; the abscess on the front part of the thigh was opened and a drainage-tube put in. Last January he had this abscess further opened. About four months ago a swelling was noticed over the hip, which was also opened. From the infirmary he was removed to the hospital.

On admission.—Amount of movement of hip-joint very limited. All along the front of the thigh is a linear scar, a result of the opening of the large abscess on the front of the thigh; the upper part of this is still open, and there is a drainage-tube in it. Over the external aspect of the hip is another scar, in the centre of which is a round projecting nodule of ranulation tissue, which is open in the centre, and discharges pus. Above this is a large bony prominence, and all round there seems to be considerable bony thickening. The left limb is much wasted and shorter than the right, the measurement from anterior superior spine to internal malleolus being:—Right, $33\frac{13}{16}$ inches; left, $30\frac{9}{16}$ inches. The left foot seems to be in a position of talipes equinus.

24th.—Patient examined under A.C.E. Mr. Howse passed a probe through the opening on the front of the thigh, upwards and downwards, then through the opening over the hip; this was then scraped out, some caseous tubercular granulation tissue coming away.

Mr. Howse remarked that probably the interior of the great trochanter was diseased, and decided to operate upon some future occasion.

UNDER MR. DAVIES-COLLEY.

LYDIA 18.—E. H., æt. 29, married fifteen months. Has been general servant during the fourteen years preceding marriage. Admitted for a growth in the rectum October 23rd. Temperature, 101·4. Her mother died of cancer of rectum, aged 51. Patient became enciente eight months ago, aborted five months ago, which date corresponds with onset of present trouble. Three days after overstraining herself, patient aborted. Rose for an hour on the evening of the following day, and went about as usual for fourteen days after that. During the interval she felt pains in the hypogastrium, and on seeing doctor remained in bed for eight or nine days. Her health again improving, patient again got up for two or three weeks; pains returned to the hypogastric and sacral regions, and again she took to her bed, where she has been during the past ten weeks. Of these, four were spent at home, and the remaining six at a Convalescent Hospital, whence she came to Guy's. Eight weeks ago an abscess broke into the rectum. There was much discharge, like "ragged flesh," with a very high temperature. The discharge of pus continued for four weeks, averaging six ounces daily. There was great pain in the sacral region, and along the external border of right leg.

On admission.—She had an anxious expression, looked pale and weak, appetite was bad, and temperature high. Examined per rectum, a large, irregular inflammatory mass was discovered three inches from the anus. It occupied the anterior aspect, and implicated the uterus immediately behind the cervix, which was somewhat fixed. The growth was of a ragged character. The motions were watery and very frequent. Twice blood was discovered in the fæces.

Diagnosis.—Cancer of rectum.

LYDIA 20.—J. W., æt. 72, widow, nurse attending confinements, was admitted to Hospital on Tuesday, after having sustained a severe injury. History of fits of giddiness for past few months, and of great alcoholic temperance. Patient was standing outside Bermondsey Church, Tuesday evening, 11.20, October 14th, when she became giddy, and fell. Policeman seeing she was badly injured, at once removed her to Hospital. On admission, she was found delirious, bleeding from mouth, left ear, and nostrils. She vomited, the contents containing blood. Her eyes were extremely congested, with marked sub-conjunctivæ hæmorrhage. Diagnosed, fracture of base of skull.

Treatment.—Ice-bag, quiet, darkness; bowels kept open small doses of perchloride of mercury. Progress excellent.

Lydia 1.—M. A. S., æt. 42, cook, admitted for swelling in left breast, October 25th. There is no history of cancer or other tumour in the family. Patient first noticed the swelling eight months ago. It was then small and painless. It has been growing continually since, and four months ago became painful and somewhat ender. The pain was of a shooting character. There has also been a frequent discharge from the nipple of a white opaque fluid. Examined on admission, a tumour was found on the left breast, above and external to the nipple for the most part; size, 3 by 3 by 1. The nipple was retracted. The tumour was more or less circumscribed, freely movable across the fibres of the pectoralis major, scarcely at all in their direction. Some of the adjacent glands in the axilla were enlarged. The tumour appeared soft on gentle pressure, from the envelope of fat in which it enclosed itself during contraction of fibrous tissue.

Treatment.—Æther was given; the breast, and adjoining portion of pectoralis major, and axillary glands, were freely removed by operation. The skin stitched together over wound, it was dressed with carbolic gauze.

Under Mr. Jacobson.

Dorcas 3.—Unmarried, æt. 30. Mother confirmed invalid. Has had bronchitis, and when a child greatly subject to asthma. Whilst rubbing in a liniment on her chest last January felt a hard lump in centre of upper half of left breast, size of a walnut. Wore a belladonna plaster till September. Was admitted October 27th. Large hard lump in centre of upper part of left breast; a smaller one in middle of internal half; three small reddish hard but tender patches in upper internal angle; at least one hard gland in the axilla. Mr. Jacobson removed breast and axillary glands on 28th.

Dorcas 1.—Married woman, æt. 50. Family history good. Has had a black scar for twenty-three years on outer aspect of thigh at junction of upper and middle thirds. Three years ago scar began to swell, burst, and bled. In a short time piece of fleshy substance protruded, size of small pea, and reddish; grew to size of an orange, and all colours. Was treated twelve months after its first appearance; soon dropped off; scar apparently healed, and for twelve months no trouble. It then began to again bulge out, and grew to the size of a closed fist. Site precluded varicocele; probably a moluscum fibrosum. Mr. Jacobson removed it by two elliptical incisions from great trochanter to centre of thigh, removed fascia, and exposed muscles. No attempt made to bring sides of incision together.

Under Mr. Symonds.

Martha 15.—M. R. R., 22. Admitted on October 9th for sinus in thigh. There is a history of patient having fallen against the corner of a marble table about six months ago; the place has always been painful, and six weeks before admission an abscess formed which broke in a few days, the wound healed up and again broke open.

On admission.—The right thigh was found to be swollen and very painful, patient could not bear to move his hip, though subsequently, whilst under an anæsthetic, the hip-movements were found to be good. There was the opening of a sinus in the right thigh, about ten inches above the knee, and on the outer side, and into which a small drainage-tube was passed for over twelve inches; there was a plentiful discharge of pus, and a temperature of 103° F.

Mr. Symonds operated on October 17th. He first passed a probe into the sinus upward and made an incision about twelve inches above the original opening; the sinus was then found to pass forward nearly at right angles for about three inches. A second incision was made at this spot. A third incision was made about two inches below the first, and from here a probe could be passed behind the great trochanter. The whole of the sinus was thoroughly scraped with a Volkmann's spoon and flushed with warm water. All the openings except the last, in which a drainage-tube was placed, were closed. On October 22nd there was found to be a collection of pus, so the stitches were taken out from all the wounds except the highest and most posterior, which has since healed by primary union. The discharge of pus has been gradually decreasing, though the temperature still remains high. There is no albumin in the urine.

Luke 17.—F. W., admitted October 12th, for stricture of rectum. History of piles thirteen years ago, which were operated on at St. Mark's Hospital. Since this time he has lost all control over defæcation. For some time he used bougies to dilate the rectum, but neglected this after a little while, and the stricture has been gradually getting tighter.

On admission, he was found to have an exceedingly tight rectal stricture, which extended to a higher level than could be reached by the finger. Examination was extremely painful to patient. His motions were always very fluid. On October 17th, Mr. Symonds put patient under $CHCl_3$, and divided the stricture on its anterior and posterior walls. On October 20th a No. 4 bougie was left in the rectum for two hours, and this has been done each day since, using a larger one each time. Though rather painful, he can now pass a No. 7. Mr. Symonds has proposed colotomy, but patient will not consent to the operation.

IN THE MEDICAL WARDS.

Under Dr. Perry.

Mary 49.—R. R., æt. 14. Admitted October 4th, with high temperature, abdominal tenderness, and slight diarrhœa. There was a strong history of tubercle on mother's side. One of patient's brothers had typhoid fever three years ago; family were then living in the same house that they now occupy. Four weeks ago patient first became out of sorts, complained of pains in back and limbs, and felt generally indisposed, but not ill enough to take to her bed till last Sunday, October 1st, when

she developed a headache and sore throat. Diarrhœa followed and became very severe, and she vomited a good deal; vomit clear and bilious-looking. Severe pain over abdomen. Symptoms increased in severity, and on Monday she was delirious, and remained in same condition till admission.

On admission.—Temperature, 101·4°; patient much collapsed and restless. Abdomen slightly distended; marked tenderness; presents a large crop of rosy-pink raised spots, colour fading on pressure. Spleen feels slightly enlarged, but examination difficult owing to extreme tenderness; tenderness not more marked in right inguinal region than elsewhere. Tongue dry and brown: two broad bands of brownish very foul-looking fur on either side of middle line; edges and tip clean.

There is a little diarrhœa present, motions very watery, but not large.

Circulatory system.—Pulse rapid, 120, soft and irregular; area of cardiac dulness normal; accentuated second sound in pulmonary area.

Respiratory system.—A few soft rhonchi heard over left apex in front. No examination of chest behind.

October 6th.—Temperature last night, 103·6°; this morning, 101·6°. Pulse slightly improved. Patient very restless. Mist. Opii Acid ℥i. t. d. s. ordered.

8th.—Temperature has been ranging between 100° and 103°, or a little over. Patient not so restless under treatment.

9th.—Patient passed a restless night. Temperature at ten o'clock, 103°; at two o'clock it began to fall, and condition of patient became alarming. Vomiting set in, and continued severe for four hours. By ten o'clock this morning temperature had sunk to 99°. Pulse is very rapid, 156; soft, feeble and irregular. Respirations, 44. Hot flannels have been applied to abdomen, as patient is becoming cold. She complains of pain a good deal. Brandy is being given. Bowels opened four times last night; motions contain quantity of curds and sloughs. 11.30.— Brandy ♏xv. injected subcutaneously, and given by the mouth every fifteen minutes in ℥ss. doses. Patient sweating a good deal; feels cold and clammy; abdominal pain still worse.

Inj. Liq. Strichninæ, ♏ii.
Morph. Acet, ♏ii.

During afternoon patient became gradually worse. Profuse sweating and severe abdominal pain; pulse thready; temperature, 101°. At nine o'clock, as patient was very restless and pain was very obvious, a morphia injection, gr. $\frac{1}{6}$, was administered. At 12.30, patient died. Just before death there was some hæmorrhage from nose and mouth.

Abstract of autopsy.—Severe ulceration (fourteen ulcers) of last three inches of ileum; ulcers transversely arranged, chronic, and not very deep. Perforation seven inches up. Three ulcers in colon. Ulcers in ileum extended twenty-nine inches above valve. General peritonitis. No fluid in cavity.

S. H., æt. 4, admitted October 4th, for weakness and headaches. Family history was not obtainable, but mother died of cancer. Patient is one of thirteen children, seven of whom died when quite young; six alive and healthy. Patient has always been a bright and healthy boy till the end of last July, when he began to get depressed and out of spirits, and to suffer from headaches. Has been living with an aunt since mother's death last April, and has apparently been much neglected since then.

On admission. — Temperature 99·4°. Patient very anæmic looking; plump; drowsy and sleepy; no pain; has very dark eyes; chest short and wide; respirations 36.

Circulatory system.—Impulse fourth space; dulness normal; well-marked epigastric pulsation; sounds normal; pulse 132.

Urine.—Acid, sp. gr. 1024; light yellow; no albumen or sugar; slight deposit of mucus.

Abdomen. — Full and distended; superficial veins prominent; no ascites.

Liver.—Dulness upper limit finger's breadth below right nipple, crosses sixth and eighth ribs in anterior and mid-axillary lines respectively, the ninth rib just below angle of scapula, and so extends to twelfth dorsal vertebra; lower limit in front, on level with umbilicus, slopes upwards to left, and meets costal margin at junction of eleventh and twelfth costal cartilages; surface soft and smooth; edge sharp and well defined.

Spleen projects about one inch below costal margin; rather hard.

October 5th.—Temperature last night suddenly rose to 103·4°. This morning down to 96°.

7th.—Abdomen seems more distended just below epigastric angle—circumference 21½ inches. Veins more prominent. Blood on examination found to be normal. Farinaceous diet.

9th.—Patient much more cheerful. Spleen slightly smaller. Mr. Jacobson saw patient this morning, but expressed no opinion.

14th.—Temperature 98°. Pulse 120; regular.

18th.—*Urine acid. Small Cayenne-pepper deposit of uric acid.*

21st.—Urine tested for peptones; none found.

Treatment.—Pot. Iod. gr. iii., Syr. Aur. ℥ss., aq. ad ℥ss., t.d.s. Full diet.

26th.—A systolic murmur was heard this morning, confined to the left axilla, accompanying first sound. Impulse diffused, slightly displaced outwards; dulness normal.

Liver.—Dulness, lower border of sixth rib in middle line, crosses ninth and eleventh in anterior and posterior axillary lines respectively, and so to the first lumbar vertebra, lower limit not so far down as on admission. The notch can be felt just above umbilicus; lower edge strikes left costal margin three inches from epigastric angle.

We regret that owing to want of space we have been compelled to withhold Mr. Parkins' case until our next issue.

CHRONIC CARCINOMA OF BREAST.

Quite recently an old Guy's man sent me for examination two out of fifteen small tumours which had been removed from the axilla and front of the chest, on the left side, and one similar nodule from the right shoulder. The history of the case is very interesting.

A single lady, aged 68, had a small tumour in the left breast, the whole of which was removed in 1885. About two years afterwards the right breast became similarly affected, and was, therefore, excised. Since that time, on ten separate occasions, small tumours have been taken away from the left axilla and from the front of the chest. In all, thirteen operations have been performed, and at the present time—more than eight years after the first operation—the general health of the patient is remarkably good.

Microscopical sections of the recurrent nodules showed that the growth was a typical scirrhus carcinoma. The alveoli were small and rounded, many of them containing not more than half-a-dozen epithelial cells. But the striking point in the section was the abundant nucleation of the fibrous tissue forming the stroma of the tumour. It should be stated that the nodule was situated in the subcutaneous tissue. At the margin of the affected area there were no lines of epithelial cells infiltrating the surrounding structures—so common at the growing edge of a cancer of the breast. In the modern view, the stroma is regarded as Nature's defence against the inroads of an epithelial army, and in the present instance it may be said that the defending forces were not wholly unsuccessful.

The case differs from the withering cancer, or so-called atrophic scirrhus of the breast, in that the main clinical feature of that variety of carcinoma was absent, viz., its power of contracting the tissues involved into little more than a puckered scar, as Mr. Bryant puts it.

In such specimens the stroma is composed of dense fibroid tissue, which looks almost homogeneous when stained, the nuclei being very scanty. Moreover, if secondary nodules appear in the neighbourhood of a withering carcinoma they usually shrink, and may even entirely disappear.

In two other particulars this case is worthy of note. It is comparatively rare for both mammary glands to be affected, and the duration of life after operation has been in this instance unusually prolonged. Statistics show that at least one-half of all cases of mammary carcinoma die within three years of the operation. As regards the number of operations performed on this patient, our Museum contains a preparation, the history of which is even more remarkable. The lady, aged 64, was under the care of Mr. Bryant for a spindle-celled sarcoma of one breast, and a presumably withered carcinoma of the opposite organ. The sarcoma was excised, and during the succeeding six years small recurrent nodules were removed on twenty different occasions. The specimen preserved is, I believe, the twentieth nodule. Yet the patient remained in excellent health.

J. H. TARGETT.

THE SMOKING CONCERT.

On Saturday evening, October 21st, was held the first Smoker of the Season. The house dinner, served before it, was largely attended, and we noticed—as guests of the Residents—Dr. Brailey, Dr. Horrocks, Mr. Fripp and Mr. Jackson Lang; while by their presence later in the evening, Drs. Newton Pitt, Perry, Shaw and Bryant gave proof of their interest in Students' affairs. We understand that several other members of the Staff, who had intended being present, were detained at the last moment, and sent telegrams to this effect.

The Smoking Room was crowded to excess—almost to discomfort, we had said—but this did not appear to interfere with the general good temper of the assembly; and, whatever else it may be, a student audience is at least appreciative, and all the professional gentlemen (of whom a good many were obliging enough to come down) say that, for sympathetic reception give them an audience of medical students. And here, in passing, indebtedness should be expressed, not only to all those gentlemen who put themselves out considerably by finding their way to us, but also to Mr. Jackson Lang, to whose efforts their coming was largely due. We were sorry that some old favourites were unable to be present, owing to various Exams. of depressing character. Perhaps, however, it may be due to his self-abnegation on this occasion (for self-abnegation it must be to a man of his good-nature to say, "No"), as well as to his shining abilities, that Mr. Allport came off with flying colours at another Hall the previous evening; and we have no doubt that Mr. Spurrell will do the same when attempting a somewhat higher goal this month.

It is very difficult to pick out any for special notice; but, amongst *old* friends, we were pleased to see that "Jimmy Coulson" had lost none of his charms. Mr. Robinson was in good voice, and "good request." We felt glad we were not going to lose Mr. Serjeant yet, and that Mr. Layman and Mr. Michael will still be with us. Mr. Godfrey's "Bill-Poster" caused much amusement, and its chorus was well taken up.

Amongst the instrumentalists we were glad to hear Mr. Thornton in his violin solo "Valkyrie," and Mr. Shenton, who made his first appearance amongst us, will be an acquisition. Mr. Peake, too, with the cornet, we hope to have the pleasure of hearing again at future concerts.

Of the plantation songs on the programme only one came off, owing to the large number of performers present. Messrs. Handson, Van Someren, Coulson and Robinson, who sang "Our Dinah," ought the more to be thanked, for these things need a "power" of practice, as Paddy would say.

If it is difficult to single out any from amongst "our own" for special notice, it is even more so in the case of our kind helpers from outside. Mr. Playfair was very good in his "imitation of famous actors." Mr. Tilbury

was well received, as were Messrs. Mason, Collette, Martin and Neil.

Our great object in these concerts is to bring men of different years together, and to promote good feeling and fellowship, and, judging by the first of the season, this is likely to be effected. We are sorry the room is so comparatively small, for no doubt the bad air and much smoke, combined with high if not strong spirits—of the men we mean—make some who are unaccustomed to such a combination, a wee bit—well—"happy."

However, a votes of thanks to members of the Staff present, and another to members of the "profession" —who had given their welcome services—were carried, and the meeting broke up with "God Save the Queen."

EXTRACTS FROM MY NOTE-BOOK.

By THOMAS BRYANT, F.R.C.S., Eng. and I., M.Ch.

HUNTER, during his illness of 1786, "one night, not having above an hour's sleep, drank a tumblerful of *hot water*, which sent him immediately to sleep, in which state he continued near four hours; he took a hint from this and drank a tumblerful of hot water every night just before he went to bed, which did not fail of putting him soon to sleep, and giving him a good night's rest" (60). Hunter often used warm water in cases of irritable stomachs, and Hunter, when well, seldom slept more than four hours in the night, but almost always nearly an hour after dinner.

SIR GILBERT BLANE (1749-1836)

Dissertation read before the Royal Medical Society of Edinburgh, in 1775, on Antiseptics in Relation to the Living Body, said: "In order to be intelligible on this subject, I must premise some general considerations from the animal economy. I need not mention to gentlemen, so enlightened in the doctrines of physic, how much pathology, as well as the other branches of medicine, has been enlarged and improved of late by attending to the powers peculiar to life in opposition to those of a chemical and mechanical nature, which so long occupied the attention of physicians: nor need I mention to whom we are indebted for so great an improvement (John Hunter). It is to him, whose name, I foretell, *will make an era* in the history of our art, for the many new and important truths he has established, and for the singular success with which he has applied them to the practice of medicine. Let us keep constantly in view that the human body is an animated system, subject to laws totally different from those of a mere automaton or of a chemical compound. To be sensible of this we need only reflect on the various phenomena of sense and motion, the irritable contractility of fibres, the generating power of heat, circumstances in common with no other matter. Let us consider how fallacious it is, however plausible it may be, to transfer to the living body those experiments and reasonings that are instituted on dead matter. The power of resisting putrefaction is as distinguishing a peculiarity in the animal economy as any we have mentioned."

ENTHUSIASM BY JOHN HUNTER.

Extravagant recommendations of particular remedies are not at all times without their use. Inoculation would have still been practised with caution, had it not been for the enthusiasm of the Suttons. Preparations of lead would not have been so universally applied if they had not been recommended by Goulard in the most extravagant terms. Improvements are often overrated, but they come to their true value at last.

Hunter used all his senses when questioning Nature, and must be numbered amongst the early *auscultators*—for when discussing the motion of the gizzard in his charming observation on digestion, he writes, "Although the motion of the gizzard is hardly visible, yet we may be made very sensible of its action by putting the ear to the sides of a fowl while it is grinding its food, when the stones can be heard moving upon one another."

Hunter's papers on Digestion, and on the Digestion of the Stomach after Death, unquestionably convey the best idea of the extent of his researches on comparative anatomy, and of the soundness of his reasonings on general physiology. His experiments on the heat of animals and vegetables are full of interest and valuable facts, and in his enquiries into the nature of heat he writes, "I shall not attempt to settle whether heat is a body or matter, or only a property of matter; for a property must belong to something."

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

M. M., NORTHAMPTON INFIRMARY.—The specimen is one of epithelioma; there are many bird's-nest cells and numerous isolated epithelial cells in the smallest lymphatics.

E. R. M., HASTINGS.—In the second specimen you have forwarded, there are a few tubercle bacilli, not more on an average than two in a field.

T. H. K., HUDDERSFIELD.—The specimen of tumour from the breast is a carcinoma.

PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. HUNT, GAZETTE, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

APPOINTMENTS.

BIRDWOOD, R. A., M.D., M.R.C.S., has been appointed Medical Superintendent to the Metropolitan Asylums District.

HARSANT, J. G., M.D.B.S. Lond., has been appointed Medical Officer for Out-patients to the Victoria Hospital, Bournemouth.

WELLFORD, F., M.B., B.C. Camb., has been appointed Government Medical Officer at Winton, Queensland.

PAPER
READ BEFORE THE PHYSICAL SOCIETY
ON SIMPLE ULCERATIVE COLITIS.

By Mr. F. J. Coleman.

Mr. President and Gentlemen,—I have chosen this subject for two reasons. Firstly,—It is almost as much a "Guy's disease" as Addison's or Hodgkin's disease, and secondly,—very little is said on the subject in the ordinary text-books of medicine, and yet we are becoming more careful and skilful in diagnosis, or the disease is becoming more common.

The disease apparently bears no relation to the occupation of the individual, nor to any previous illness or illnesses. It occurs more often in males than in females. Out of eleven cases collected by Dr. Hale-White, eight were males; the ages of these patients varied from seventeen to fifty-nine. The average age was forty. It is a disease, therefore, of middle life and not of childhood. Curiously enough, out of the seventeen cases which I have collected, ten were females and seven were males; the ages varying from twenty-two to fifty-four.

Ulcerative colitis is a disease *per se*. It is characterised by severe abdominal pain, often paroxysmal in nature, sometimes intermittent. The onset in the most acute cases is sudden, the patient being seized with abdominal pain and severe diarrhœa. There are no rigors or convulsions, such as sometimes occur at the onset of dysentery; at any rate there is no note of any such rigors or convulsions in the cases that have occurred at Guy's, excepting in one. Often, however, the onset is more gradual. There is frequently some irregularity of the bowels for weeks, diarrhœa alternating with constipation, before the onset of definite symptoms. The pain in the majority of cases is abdominal, but in a few cases it is repeatedly stated to have been situated in the back or loins in addition. Abdominal tenderness is often present, and is then located over the course of the colon, In thirteen clinical histories abdominal tenderness was noted six times, once solely along the track of the colon. In Dr. Hale-White's cases it was only mentioned as occurring in one, and then it was elicited solely by deep pressure.

Vomiting is a very frequent symptom, and occasionally the fomites contain blood; this does not necessarily indicate ulceration of duodenum or stomach; as in cases in which it has occurred, no ulceration has been found, save in the large intestine. Dr. White says, in the "Guy's Reports" for 1888: "It is remarkable that in the very acute case in which the duodenum was affected, there was no vomiting, but no doubt this, and many other symptoms are often omitted in the reports of the cases, so that each of the symptoms may be taken as occurring oftener than really appears."

Severe diarrhœa is the most prominent symptom of the disease. The bowels are often opened eight or nine times in the twenty-four hours, sometimes every two hours. When there is diarrhœa, the motions are necessarily fluid, but of no especial colour.

I ought to draw your attention to the fact, however, that small, hard scybala are occasionally present in the motions, when the patient is reported to have diarrhœa.

The stools are never mentioned as being of the colour of "pneumonic sputum," or as having the appearance of chopped spinach, as in dysentery.

Bright red blood is often present, it is not intimately mixed with the fæcal material, but is often mentioned as following the motion, or even preceding it. As the hæmorrhage comes from colon, the blood is not altered. Occasionally formed motion are streaked with blood; sometimes dark flat clots are passed, with one surface smooth and the other shreddy, apparently washed away from the floor of some ulcer. The motions are often noted as being offensive.

The diarrhœa does not persist in all cases, but alternates with constipation. When the bowels are opened after the constipation the hæmorrhage recommences, whether by sloughs or clots being removed by the somewhat hardened fæces is not clear. This introduces another factor, viz., that of sloughs. They are often present in the motions, but not always. They are brownish-yellow, shreddy masses, are quite structureless, and are said to be infiltrated with leucocytes.

Pus is said to be absent, at any rate it is not usually present in any recognisable quantity. In one case it is mentioned, but in this at the autopsy sinuses were found running from the rectal mucous membrane into the cellular tissue of the pelvis, so this case may be really an "exception that proves the rule." In a case admitted into Clinical during this summer, the "amœba coli" was found in the motions. Mucus or slime occurs in the motions in some cases, but it is often said to be absent. The transparent mucus particles which occur in follicular ulceration, are also absent.

There is usually some pyrexia at the outset, the temperature often reaching 101° or 102°. If, however, there is much diarrhœa, the patient may be collapsed and the temperature becomes sub-normal.

Headache occurred in three of the cases which I looked up. This headache does not seem to be so continuous or so severe as in enterica.

Sometimes there is a note of pain at the back of the neck, but this is usually so indefinite that one cannot say whether it is neuralgic or whether it is like the occipital headache which occasionally accompanies typhoid fever. Pain occurred in one case over the course of large superficial veins, *e.g.*, external jugular, but the reporter repeatedly states that the vein is normal to the touch. I simply mention this in order to state that venous thrombosis may be a complication, although I cannot find any example of it in the Guy's records.

Intense Thirst is noted in two cases, and I cannot but think that apart from the pyrexia, thirst ought to be a common symptom, from the fact that the patient loses so much liquid in the intestinal evacuations.

Pulse varies from 80 to 140, is small, soft, and feeble, towards the termination of a fatal case it becomes almost imperceptible.

The patients when admitted are usually well-nourished, but they soon waste and become sallow. The patient becomes weaker, the pulse more rapid and feeble, severe anæmia appears as the result of the intestinal hæmorrhage and the diarrhœa. The patients often die collapsed; sometimes peritonitis occurs from perforation, and death rapidly follows. Hæmorrhage may also kill the patient.

Patients who suffer from Bright's disease are at times carried off by ulcerative colitis. This should be carefully carried in mind, as the question of the use of opium in ulcerative colitis might be contra-indicated by the presence of granular or large white kidneys. In this connection I should like to relate a case of mistaken diagnosis which occurred to me during the past summer. A patient in Stephen 38 with lardaceous and chronic tubal kidneys had severe diarrhœa, with tenesmus, abdominal tenderness and distension There was blood in several motions. I examined his rectum and found it empty, no piles, and the mucous membrane was quite smooth. The diarrhœa and hæmorrhage continued, the motions were very offensive. On one occasion he passsd what appeared to be a huge slough, but it was unfortunately thrown away before it could be examined microscopically. His abdomen became more swollen and tympanitic. The diagnosis of ulcerative colitis was confidently made. On the following day the patient complained of severe pain in the hepatic region, and on auscultation in front a loud pleuritic rub was heard. The abdominal muscles did not now move on respiration and the question of peritonitis arose.

At the autopsy no ulcerative colitis was found, the mucous membrane of the rectum was reddened. It was not obvious from where the hæmorrhage had come. There was no peritonitis, but acute diaphragmatic pleurisy on the left side.

It was suggested that this pleurisy would account for the abdominal pain, distension and lack of movement.

A typical case of ulcerative colitis occurred recently in Stephen, under Dr. Washbourn.

Thomas N., æt. 22, box maker. His family history and previous illnesses are of no importance. On July 28th he was admitted for blood in the fæces and abdominal pain.

Present Illness.—About the end of June, 1893, patient noticed that he passed a little blood at the end of defæcation. The amount of blood increased day by day, and a few days later he consulted a medical man, who examined him and found no piles. He gave him a bottle of medicine. Patient dates his diarrhœa from the time he took this medicine, and it has persisted, more or less, ever since.

Since about the middle of July he has had abdominal pain, not continuously, but coming on for an hour or two, and then passing off to return again a few hours later. He has had pain in passing his motions, especially if they were at all solid, and he noticed that the blood always came at the end of the act. The pain in his abdomen was of a "shooting" character. He was treated by Dr. Shaw on the 20th of July, and was admitted a week later. He could only walk with great difficulty, and had some trouble in controlling his sphincter ani, especially when he was asleep, but he has never passed his motions involuntarily. He has wasted lately.

Condition on admission.—Patient is ill-nourished and not well developed for his age (22). He is somewhat stupid, and does not readily reply to questions. He is pale and sallow looking. His skin is smooth, hot and dry. Temperature, 101·6; pulse, 100, very soft, feeble and compressible.

Alimentary system.—Lips thin and pale; teeth carious and covered with sordes; tongue covered with a dirty yellowish fur down centre—tip and edges are clean. No fissures or ulcers. Breath bad; appetite bad; no nausea or vomiting.

Abdomen not distended, but very tender all over. Difficult to palpate on account of rigidity of muscles. Moves slightly on respiration. There are no rose spots. The abdomen is resonant all over, and the spleen cannot be felt.

Patient said his food regurgitated into his mouth, but did not make him feel sick. There is some pain on taking food, but it passes off in a few minutes. There are no piles, internal or external. Nothing felt per rectum.

Fæces have of late been liquid and greenish in colour. Circulatory, respiratory and urinary systems practically healthy. Bowels opened on—

July 29	...	6 times	Aug. 5	...	5 times
„ 30	...	5 „	„ 6	...	8 „
„ 31	...	2 „	„ 7	...	6 „
Aug. 1	...	6 „	„ 8	...	6 „
„ 2	...	7 „	„ 9	...	6 „
„ 3	...	4 „	„ 10	...	5 „
„ 4	...	5 „	„ 11	...	11 „

The motions are fluid, with a dark green sediment containing shreddy material, but scarcely any fæculent matter. The supernatant matter is tinged red, probably with blood; but the reporter does not say if this is so or not.

The shreds in the motions can be floated on a slide as a thin membranous layer, and are found microscopically to be divided into polygonal areas, which might have been the outlines of epithelial cells, otherwise they are structureless; no leucocytes were found in them.

There were pus and epithelial cells in some of the liquid examined under the microscope, but pus was not present in any large quantity; it was not obvious to the naked eye. No mention of amœbæ coli.

Dr. Washbourn examined the patient's rectum—found the mucous membrane healthy to the touch; he diagnosed simple ulcerative colitis, with probably some peritonitis.

For a day or two his general condition improved under treatment, and his abdomen became less tender; the diarrhœa, however, continued.

After August 4th the movements of the abdomen became more marked. The fæces became very offensive.

It was noticed on August 8th that patient was much thinner; he "lies in a listless, half-dozing condition on his back, with his knees drawn up."

About this time distinct systolic bruits were heard at the apex of the heart and over the pulmonary area.

The abdomen is now retracted; the only tender spot is a circle just round the umbilicus. The stools are liquid, brownish, with many little masses, some rounded, others shaggy, varying in colour from creamy to brown.

On August 11th his bowels were opened eleven times, and always accompanied with blood. About 6.30 p.m. he was seized with severe spasmodic pain in the abdomen. During the attack patient shrieked from the pain. There was sharp hæmorrhage from the rectum. The attack lasted about thirty minutes.

About 10 p.m. there was another, but severer, attack; the motions now consisted solely of liquid and clotted blood. His pulse now was 150, and his temperature rose to 103.4°. He died the next morning.

AUTOPSY BY DR. PITT.

Lungs.—Some muco-pus in the larger tubes. Old adhesions over left lobe.

Heart.—Normal. No mention of vegetation on valves.

Stomach.—Congested at the cardiac end.

Small Intestine.—Healthy. There was not a single ulcer in the ileum.

Large Intestine.—The whole of the colon was extensively ulcerated. There was a complete destruction of more than three-fourths of the mucous membrane. The ulcers were ramifying in all directions, and none of them had extended through the muscular coat. The lower portion of the colon and the rectum were less severely ulcerated, and the process was less advanced. There were numerous follicles distended with pus, so that on passing a knife over the surface heads of pus exuded. There was also severe hæmorrhage in this part sufficient to cause death. There was no especial ulceration near the anus, and none was palpable during life. Dr. Pitt says: "The mucous follicular suppuration I have not seen in these cases previously." The intestines in the pelvis were somewhat matted together, and there was subserous hæmorrhages. There was no blood in the general peritoneal cavity. The liver was healthy. Spleen and kidneys were normal. There does not seem to have been any "general peritonitis," at any rate there is no mention of it in the post-mortem records.

For the explanation of the symptoms I cannot do better than quote from Dr. Hale-White's article in the Reports for 1888.

"The pain is probably to be explained by tenesmus, which is reflexly set up by the inflammation of the mucous membrane and not to the exposure of nerves by the ulceration, for it is well known from one's experience of tubercular and typhoid ulcers, that mere ulceration does not set up pain; and then also the suddenness of the pain is best explained by the hypothesis of its being due to tenesmus.

"The vomiting is likewise reflex, as is also the diarrhœa; for if they were not they should bear some relation to the amount of ulceration, but they do not; and furthermore the reflex theory also explains the alternating attacks of constipation. The blood comes of course from the exposed vessels, and as the ulceration is usually in the colon, it is not mixed with the fæces. The wasting is partly due to the vomiting, partly to the diarrhœa, and partly to the impairment of absorption that the ulceration must cause. The anæmia and collapse are easily explained by the loss of blood and diarrhœa."

Diagnosis.—I might at once state, that in a persistent case of diarrhœa, apart from enterica, one ought always to make a rectal examination. This, I think, becomes more imperative if there is hæmorrhage also. Such rectal examinations have enabled observers to form a correct diagnosis. Sometimes an ulcer or ulcers can be reached by the finger. It would even be justifiable to give the patient chloroform, and then to make a thorough rectal examination by finger or by means of a speculum. The overhanging polypoid masses of swollen mucous membrane may be readily mistaken for a sessile polypus, or even a malignant growth. This disease is extremely liable to be mistaken for carcinoma of the rectum. In fact, such cases find their way into the surgical wards, and there lumbar or inguinal colotomy is performed; but, alas! without any abatement of symptoms.

The alternating attacks of diarrhœa and constipation, the hæmorrhage, the wasting, the age of the patient, are all in favour of malignant disease. The alteration in the form or shape of motions is of importance when noted, but its absence does not disprove malignant disease.

There is no "ballooning" of the lower part of the rectum in "ulcerative colitis," nor is there any actual stricture. Again, as Dr. Hale-White has pointed out, it may be mistaken for an acute intussusception or intestinal obstruction from other causes. I will quote his words:—

"If the symptoms at all accord with 'ulcerative colitis,' the mistake in diagnosis might possibly be avoided in future by administering an enema before giving an opinion."

From typhoid fever it is known by the absence of the characteristic rose spots; of the typhoid tongue; of the enlarged spleen; of the three weeks' pyrexia, and of the intense headache.

Of the pathological differences we will speak later.

From dysentery it is distinguished clinically by the absence of the following:—

(1) Rigors or convulsions at the onset, rarely
(2) The incessant desire to go to stool, and
(3) The violent straining.
(4) The patient passes little or nothing.

(5) The evacuations, consisting merely of mucus or blood with, perhaps, one or two small scybala; pure pus towards the end of the illness.
(6) The complete prostration and fainting at stool.
(7) Occurring in epidemics.

In practice, however, it appears difficult to distinguish between mild cases of dysentery and symptoms due to ulceration of the large bowel; the difficulty is increased because autopsies on these mild cases are wanting.

Wilks and Moxon (p. 427 "Pathological Anatomy") say:—"The term colitis is sometimes used as synonymous with dysentery. Our usual language has been indefinite, nay, incorrect in speaking of all the affections of the large intestine as dysenteric; for the true dysenteric process, although in many features like simple ulcerative colitis, is a disease having certain definite characters.

"Dysentery, in fact, produces a variety of colitis distinguished from others by a special course, and by clinical phenomena; although when the dysenteric fever has passed off, the state of the colon which is left is much the same as that of simple ulceration. We have seen a case attended by discharge of mucus and blood, where, after death, the whole internal surface of the colon presented a highly vascular, soft, red surface, covered with tenacious mucus or adherent lymph, and here and there showing a few minute points of ulceration; the coats were also much swollen by exudation into the mucous and sub-mucous tissues.

"Bristowe has observed an inflammation of the large intestine or colitis not unfrequently in fatal pneumonia.

"In other examples there has been extensive ulceration, commencing in the follicles and spreading from them to destroy the tissue around, thus producing a ragged ulcerated surface, which is so far identical with the effects of the specific fever dysentery, that the distinction between the two conditions rests on the characters of the accompanying constitutional disturbance, just as scarlatina is known from simple cynanche by the addition of its proper fever to the swelling of the tonsils."

From diarrhœa, distinguished by severity and persistency of symptoms.

Pathological Anatomy.—This in most cases is indistinguishable from that of dysentery.

From a case of severe ulceration of the colon, Dr. Perry showed the bowel to Dr. Mansell, an old Guy's man long resident in India, and who was very well acquainted with the morbid anatomy of dysentery. He could not see any difference between the specimen and one of ulceration due to dysentery. In ulcerative colitis the whole mucous membrane becomes inflamed. I have said the "whole," because some authorities say that the affection commences in the solitary follicles.

The mucous membrane becomes of a bright red colour, swollen, and soft. Then probably some suppuration, ulceration, or sloughing occurs at or around the solitary follicles. At this stage the intestine would be dotted with small ulcers, somewhat regularly placed. The ulceration spreads both laterally and deeply, the edges of the ulcers becoming undermined and their bases irregular, exposing the muscular or the peritoneal coat. This latter may slough or become perforated. Localised peritonitis may be started prior to perforation. The thickness of the wall of the gut may be increased to several lines. This is caused by inflammatory œdema and infiltration.

It follows, of course, from this inflammatory condition of things that the bowel is extremely soft and rotten. Consequently, one often reads in the post-mortem records that the bowel was torn in three or four places in removing it from the body. This generally happens at the hepatic and splenic flexures and at the sigmoid. Sometimes the great omentum becomes adherent either to the ascending or descending colon, and then post-mortem rupture occurs at these adhesions. Wherever the bowel is ruptured there are generally peritonitic adhesions.

From the increased thickness of the bowel, one would conclude that during life some unusual thickness could be made out along the track of the colon. Great care would have to be exercised in the abdominal manipulations, and it would probably only be detected under an anæsthetic. I believe that Dr. Goodhart in one case found such thickening of the gut during life.

As we have learnt from the autopsy of our case the ulceration goes on until only islets of swollen, congested, soft mucous membrane are left, which in extreme cases resemble polypi.

As in dysentery, so from our cases it seems that the ulceration may commence in the cæcum and work downwards; so that in the case I have quoted at length, although no ulceration was detected in the rectum a few days before death, yet at the autopsy recent ulceration had taken place there, and these ulcers had been the cause of the fatal hæmorrhage.

That the ulceration may commence in the rectum, and spread upward, seems proved by a case which was admitted under Dr. Taylor in 1889. During life ulcers were detected in the rectum, and at the autopsy sinuses were found running from the mucous surface through the wall of the bowel and into the cellular tissue around the rectum, proving that the ulceration was of an older date here than in the remainder of the bowel. I think there was no evidence that a pelvic abscess had ruptured into the rectum and so produced the sinuses.

Histologically.—The mucous and sub-mucous layers are infiltrated with leucocytes, especially the sub-mucous layer. It seems probable that this infiltration of leucocytes takes place along the "lines of least resistance," such "lines" appear to me to be the sub-mucous layer and the solitary follicles, especially the lymph channels around the follicles. May it not be that the infiltration is so intense here that suppuration, ulceration or sloughing occurs here first?

There is catarrh of Lieberkuhn's follicles, the orifices become choked and the glands distended with retained secretion. They may suppurate.

In the most acute cases the epithelium undergoes "coagulation necrosis," or becomes covered with adherent lymph.

In one autopsy I found it recorded that the mesenteric glands were reddened, but not much enlarged.

The spleen is not enlarged as in typhoid, and there are not the same groups of small-celled infiltration of the liver which occurs in enteric. Abscesses are not usually found. It is constantly noted that Peyer's patches are not swollen and not ulcerated. In fact, it is rare for the small intestine to be affected beyond some slight congestion.

Ætiology.—The cause and origin of the disease is very obscure. In the majority of cases no other disease is found in the body. Its relation with Bright's disease is well known, some believing that it is caused by the over-use of Pulv. Jalapæ Co.; but we must remember that the number of cases of Bright which are treated by jalap is large, whilst ulcerative colitis as a complication of Bright is comparatively rare. However, the action of purgatives may entirely fall on the colon and rectum, *e.g.*, mercury, and it is possible that such a purgative as jalap may in suitable subjects produce a condition of bowel rendering it more liable to inflammation and ulceration. Dr. Bristowe drew attention to the fact that an inflammation of the colon or a colitis occurred occasionally in acute pneumonia. I have seen one example of this, and my impression of the state of the colon is that the ulcers were follicular, and that in the ileum Peyer's patches were swollen and inflamed. It may be due to swallowed pneumonic sputum.

At this juncture I may state that there seems to be some relation between pyæmic or septicæmic processes and colitis. I have examined the post-mortem records of some seventy cases of septicæmia or pyæmia.

In only eleven or twelve cases is there any note to the effect that the bowels are abnormal.

In three cases the mucous membrane was red and congested with no ulceration.

In the fourth case there were in addition a few small superficial ulcers.

In the fifth case there was membranous colitis in linear patches, for the most part along the longitudinal muscular bands; some were not so, and some were rounded. (Acute suppurative perichondritis of the thyroid cartilage, under Mr. Davies-Colley in 1891).

The sixth case was also one of membranous colitis, occupying the whole of the colon, except the lower part of the descending limb and sigmoid. Four inches above the anus were affected. The report says: "From the presence of the patch at the anus, it seems quite possible that there was an infective septic process beginning from that end of the intestine." This was in the case of Eliz. W., æt. 30 (Dorcas), under Dr. Galabin; abortion. There were, or had been, cases of septicæmia in the ward.

The question, of course, arises, whether these cases of membranous colitis in septicæmia would have become cases of ulcerative colitis had the patients not died from the septicæmic process. Against this is the fact, that there is no evidence of such a condition of bowel in uncomplicated simple ulcerative colitis; and yet the formation of membranous exudation may be merely due to a more intense virus.

The seventh case was one of pyæmia arising from induced labour, under Dr. Galabin (Dorcas).

"There were disseminated patches of membranous inflammation in the midst of pale, perfectly healthy, mucous membrane. It would appear that such acute localised inflammation must have a pyæmic origin," so says the report.

Cases 8, 9, 10, 11, 12, showed either actual ulceration in the colon or membranous exudation.

In one case there were two perforations.

The ulcers were transverse and linear. The remainder of the mucous membrane generally healthy. In number the ulcers varied from one to several dozens.

In case 8, the bases of the ulcers had a worm-eaten appearance; never smooth, and often stained with blood. The ulcers in case 12 may have been due to fæces, as those that remained in the colon were dry and granular and closely adherent to the mucous membrane.

Then, again, arises the question of whether simple ulcerative colitis is due to the amœba coli? It was found on one occasion in a case which was in Clinical during the present year; but, of course, in the majority of cases they were probably not looked for. At the present, I should not like to hazard an opinion. It is an interesting and moot point, as to whether they are the cause of dysentery and tropical hepatic abscesses.

In order to investigate the association of ulceration in the colon with spinal cord lesions, a point raised by Dr. Acland in 1885, in the Pathological Transaction, I looked up the post-mortem records for five years. I took for my basis cases of myelitis, those under the heading of "paraplegia," and cases of fracture and dislocation of vertebræ.

There were twenty-eight cases in all. The most interesting one was a case of fracture of the third and fourth lumbar vertebræ. The patient was in the Hospital a fortnight. The report says:—

"The whole of the large intestine presented on its surface superficial patches of coagulative necrosis of recent date. In many, the epithelium had not separated, and there was a layer of adherent lymph. They varied from an eighth to half an inch, and they occupied one-twelfth or less of the whole surface. In many, the epithelium had been removed, leaving superficial excoriations. They were of recent date, probably only a few hours."

There seems to be little doubt that this was due to some trophic disturbances.

The remainder of the cases yielded nothing exciting—congestion of the colon was noted in one case.

The other ulcerations of the colon, apart from dysentery, tubercle, typhoid and malignant diseases, are:—Distension ulcers, follicular ulcers, stercoral ulcers, ulceration due to vascular obstruction, ulceration due to perforation from without, ulcers and perforations caused by the enema tube, and some which cannot be classified.

Injury seems capable of starting in some way an ulcerative process in the colon. I have come across two cases which bear this out.

Prognosis.—This is very grave. Recovery is certainly possible. Out of seventeen cases there were ten deaths. This would give a mortality of sixty per cent., but I think it must be even higher than this.

Some few cases diagnosed as "ulcerative colitis" have left the Hospital well or merely relieved.

Severe hæmorrhage from the rectum will make the out-look more grave. From the autopsy on the case from Stephen, it seems that fatal hæmorrhage may occur, not externally but into the inflamed coats of the colon. There would almost certainly be external hæmorrhage as well; by this I mean, that there would be either bleeding into the lumen of the bowel, or the blood would pour from the anus. Probably extreme distension of the abdomen would be of grave signification, indicating either paralytic distension of the bowels by gas or peritonitis with or without perforation.

On the whole the prognosis depends on the severity of the symptoms.

The reasons given by Dr. Hale White for regarding simple ulcerative colitis as a distinct disease from follicular colitis, are—

1. The appearance of the two conditions are quite different.

2. The two forms of ulceration are never seen to pass one into the other.

3. The descriptions of the autopsies of simple ulcerative colitis make no mention of the affection of the follicles; and when in the condition the small intestine is also ulcerated, Peyer's patches are rarely described as affected.

4. Simple ulcerative colitis is chiefly a disease of the colon, although follicles are more numerous in the small intestine.

5. The mesenteric glands are not usually described as enlarged in simple ulcerative colitis.

6. Simple ulcerative colitis is uncomplicated by other diseases, and in all the cases which died it seems to have caused death; but follicular ulceration is usually complicated by other diseases which generally cause death.

7. Perforation occurs in simple ulcerative colitis, but not follicular ulceration.

8. Chronic Bright is the commonest complication of simple ulcerative colitis, but is very rare in follicular ulceration.

9. Other intestinal lesions and tuberculosis are common in follicular ulceration, but very rare in simple ulcerative colitis.

10. Pus and transparent particles of mucus are not passed in simple ulcerative colitis, but they are both symptoms of follicular ulceration.

The majority of these reasons hold good still, but I think that our post-mortem records prove that follicular ulceration does occur in ulcerative colitis. Follicular ulceration of ileum is noted in one case, although there was no evidence as to the part first affected. A second report says, in a description of the colon:—

"The smaller ulcers were circular, varying from such an ulcer as might be formed by the destruction of one of the solitary glands, and so about a line in diameter."

A third report on an undoubted case, says:—

"The rest of the colon was riddled with ulcers, from cæcum to within seven and a half inches of anus. Those in the lower part were deep, and formed pouches from the weakening of the muscular coat. The ulcers had laid bare large surfaces. In places they were limited to the solitary glands."

In a fourth case with severe ulceration of colon "there were three small round ulcers (a foot above the anus) which might have commenced in the solitary glands. In this case there was also a length of two feet of acutely inflamed bowel without ulceration."

In the fifth case the follicles were distended with pus, and during life pus was found microscopically in the fæces.

With part of Dr. Hale White's tenth reason I find objection, because in two cases which were followed by post-mortems pus was found in the motions during life. With the other reasons given I entirely agree.

From our museum specimens it seems that in—

(i.) Membranous colitis there can be follicular ulceration and ulcers of larger size.

(ii.) And that ulcerative colitis and follicular ulceration may be associated.

(iii.) That in ulceration due to pyæmic process the remainder of the mucous membrane is healthy.

Treatment.—Of course the greatest essentials are rest in bed with warmth.

The food should consist of milk, milk and soda-water, or peptonised milk. Probably animal broths, such as veal; mutton or chicken broth would do no harm. Jellies and blancmanges made with gelatine are also of service. Some farinaceous food, such as Benger's, or arrowroot, are allowable. All green vegetable food stuffs are contra-indicated.

The vomiting may be treated by our Mist. Bismuthi et Morphinæ, or by an effervescing Hydrocyanic Acid mixture.

For the disease itself, nothing seems to equal Dover's powder or pill, given in ten-grain doses every four hours, or oftener, if need be.

Large doses of Ipecac. with opium have been tried, and I may say abandoned.

Carbolic Acid and Creosote, I think, have been tried, but not extensively.

If the diarrhœa causes bad collapse, it may be stopped with Enema Amyli (et Opii), but otherwise one cannot help imagining that constipation would be harmful.

$Mg\ SO_4$ in half-drachm doses every hour, for six or eight hours, on successive second or third days, has been given, and, I think, with benefit. It does not seem to increase the diarrhœa.

$Ag\ NO_3$ enemata (five grains to the pint of water), are useless. Probably Boracic Acid enemata would be more effectual, given twice a day.

AN UNUSUAL FORM OF INFANTICIDE.

TRIAL AT THE OLD BAILEY.

(By our own Reporter.)

On September 13th, before Mr. Justice Lawrence, *May Beatrice Brown*, aged 26, a domestic servant, was indicted for the wilful murder of her newly-born illegitimate child on June 20th last.

Counsel, in opening the case for the prosecution, said the evidence would show that the prisoner was delivered of a child on June 20th, by herself, no other person being with her. The view the prosecution would endeavour to prove was that the child was murdered by the prisoner thrusting down its throat, from the mouth, some blunt instrument, which might have been a piece of wood or the fingers.

Several witnesses were then called, but we are only concerned with the medical evidence, which is not generally reported in the public press.

Dr. Needham, of Clapham, was called and gave evidence as to the child being found dead in a slop-pail, in a w.c. at the bottom of the garden, and then read his post-mortem notes of the case, which were to the effect that the child was fully developed and weighed over 7 lbs.; the whole length of the umbilical cord was attached, being torn across near the placental end; there was a well-marked *caput succedaneum*, and some bruises about the neck, which he believed were due to the internal injuries. There were a few scratches on the hard palate; the tongue was partially torn from its muscular attachments to the jaw; the gullet was torn on the right side, the rent extending through the pillars of the fauces close to the palate down to the level of the larynx, and on this side the large vessels and muscles of the neck were torn across; the injury was so extensive here that only the skin remained intact. The trachea and bronchi were filled with blood-stained frothy mucus, and the lungs contained patches of blood. The lungs were fully inflated, and when finely minced a small piece would float in water and air could be squeezed from it; there was no decomposition. The viscera were all anæmic. The cord rupturing where it did might be caused by the child dropping from the mother, and then the cord would give way at its weakest place. The cause of death was shock or hæmorrhage. The injuries were inflicted before death.

Counsel for the defence cross-examined him as follows:—

Would it not have been possible for the lungs to have been inflated if the child breathed as soon as its head came into the world although the body remained unborn?—Yes, but not so fully.

Do you think it possible that the blood you spoke of got into the child from the maternal passages?—Yes.

Now, as the child could not have been murdered if it had not had a separate existence, when would you say that a child begins to have a separate existence?—When it has a separate circulation and respiration and is independent of the maternal circulation.

Then do you mean to say that if the child was born and breathed, the body remaining attached to the mother, that that child had a separate existence?—Certainly.

Mr. Justice Lawrence here remarked that this view of a separate existence was a reasonable one, and Counsel continued—

Does not the swelling on the head show the labour to have been a very lingering one?—Yes.

Are not first parturitions more painful than others?—Yes, as a rule.

All the injuries were about the head and neck, were they not?—Yes.

Do you not think it possible that this young woman in her anxiety to get the labour over endeavoured to assist delivery by traction with her fingers in the mouth?—No, the downward direction of the wounds is against that view.

Do you know this book; it is Taylor's Medical Jurisprudence, by Stevenson?—Yes.

I dare say you know this passage? "A woman at the time of her delivery owing to pain and anxiety, may be deprived of judgment, and may destroy her offspring without being conscious of what she is doing (p. 619)."—Yes, I do.

Do you agree with it?—Yes.

Now is it not possible that the prisoner was driven into a state of frenzy by the lingering painful labour and unintentionally inflicted these injuries?—Yes.

The judge, in summing up, dwelt upon the unusual nature of the injuries, and said it was not a method of taking a child's life as would occur to any ordinary individual, the commoner methods being suffocation by something placed over the mouth or round the neck.

The jury found the prisoner "Not guilty of murder, but guilty of concealment," and the judge sentenced her to three months hard labour. A. J. C.

[We have to thank Dr. Needham for reading and correcting the above.]

Physical Society.

Conditions under which the Physical Exhibits Prize will be awarded.

1. That there be exhibitions at every meeting, except on the Pathological evening.

2. Exhibits must be ready arranged (with descriptive labels attached) not later than 7.30, and must be allowed to remain for at least fifteen minutes after conclusion of meeting.

3. Any object of general interest may be exhibited, but only those pertaining to medical and allied sciences, and which are not Hospital property, will be admissible for competition.

Passim.

On Saturday last the Physical Society held their first Clinical evening of this Session, when some excellent cases were shown. We regret that we have not been favoured with a detailed report of the proceedings.

To-night the Debating Society will meet in the Smoking Room at 7.30, when the subject for discussion will be the motion of Mr. C. Baron Statham, "That in the opinion of this House, it is the duty of the Government to introduce measures on the lines of the Contagious Diseases Acts, with a view to preventing the spread of syphilis."

We find the athletic reporter of the *Western Mail* most eloquent on the subject of the "combined" match against Swansea. He says, "Of course, after the hard game they gave Newport, it was easy to see that the Westerners have improved a lot, but all the same, I hardly expected against such a strong team as the Medicos brought down that the All Whites would do as well as they did. The team which made such a bold bid for victory against Swansea on Saturday will visit Cardiff to-day (Monday). It seems to be pretty strongly constituted, but I should not be surprised if, after all, they repeated their disaster of last year, and came a cropper against Cardiff after doing well against Swansea. The superior scoring power of Cardiff will probably test their defence more than the hard general tussle they seem to have had down west. Rotherham and Hancock are the strongest three-quarters. The former is a near relation of the other great footballer of that ilk. The story of the game at Swansea seems to be that the All Whites showed their usual inability to score in the first half, although having most of the play, and that towards the end of the game, which was uncomfortably lengthened out by the referee, they got a bit sick of it, whilst the Hospitals, on the contrary, here put in some of their best work, showing that they are in unusual training."

Great honour was done in the borough of Southport, on October 10th, to an old Guy's man. The recipient was Sir G. A. Pilkington, J.P., C.A., ex-Mayor, who will be better known to the men of '70 as George A. Coombe, which name he afterwards changed for the above. On the date mentioned, Sir George was presented with the freedom of the borough at the close of his Mayoralty. His career has been one of unusual brilliancy, both medically and municipally; in the former estate he has risen from House-Surgeon to the Infirmary—he was the first—to the post of Hon. Consulting Physician; while, in course of time, he has been, in his own words, "the first representative of Southport on the County Council, on which he now sits as an Alderman; the first representative of the South-West Division of Lancashire in Parliament; and he is now the first to sign the roll of Freemen."

Our worthy brother, after ascending the usual scale of civic honours, became Mayor for the second time last year—the Centenary of the Borough's Constitution—and at the close of this office was one of those on whom Her Gracious Majesty was pleased to confer a Baronetcy.

We can only add our congratulations to those of his friends—which even now must be overwhelming—and assure him that his success will ever remain a grand testimony to the fruits of a Guy's training, and an example of the honours to which a man can, by ability and perseverance, attain, even though he be hampered by the cares of a medical career.

In answer to our correspondent, "A Member," we understand that a Catering Sub-Committee has been appointed; it consists of the following

members of the Clubs' Committee:—Messrs. Fripp, Scott and Bell, and we believe it is their intention to request the attendance of three of the "requisitionists" to aid them in their deliberations.

In our last issue we omitted Mr. W. L. T. Goodridge's name from the list of Passes in Anatomy at the recent Second Conjoint Examination. Mr. F. Golding-Bird was reported as having passed in that subject, but his name does not appear in the Official Pass List.

We have been asked to remind subscribing members of the Clubs' Union that their annual subscriptions became due on the 1st of October. By the rules of the Union the names of those whose subscriptions are still unpaid should have been posted on November 1st. We hear the defaulters list will not be published till Monday morning, so as to give the members who chance to read this an opportunity of sending two guineas to the Medical Office this evening.

We have lately received from Mr. P. Hacquoil a very fine album of photographs, which he took while he was with us at Guy's. The photos, which represent various parts of the Hospital—some of buildings since demolished—are excellent specimens of the handiwork of an adept artist, and will be of great interest to all future generations. The album, for which we tender our most hearty thanks, has been consigned to the care of the Librarian.

We have the honour to present our readers with eight extra pages of food for digestion this week. We regard this as a healthy evidence of our vitality.

Perhaps it may not be out of place to remind our contributors that copy must be received not later than Tuesday morning, and that—alas, still a necessary warning — the matter must only be written on one side of the page.

Some months ago we published a list of things still required to be done, before our ground at Honor Oak Park could be considered complete. One of these was the planting of trees, and we refer to this particular requirement again now, because we understand that this is the time of year when trees should be planted. Here is a capital opportunity for past or present Guy's men to create a grateful soothing shade, which will serve to keep their memories green. If some one will buy the trees, we think the Council of the Clubs' Union might be induced to undertake the cost of planting.

Before leaving this subject, we should like to congratulate those responsible for the window gardening at the College on the success which has attended their efforts during the past summer. There are other spots about the Hospital which might with advantage be similarly treated. For instance, the north wall of the Museum Buildings. Is there any good reason why this dreary expanse of bare brick should not have a green covering?

GUY'S HOSPITAL DENTAL DEPARTMENT.

Practice during August and September, 1893.

Gold Fillings	...	195
Amalgam ,,	...	275
Osteo ,,	...	
Perm. G.P. ,,	...	—
Temp. G.P. ,,	...	—
Artificial Crowns	...	27
Scalings	...	13
Dressings	...	—
Attendances for Mechanical Appliances	...	11
,, Extractions under Anæsthetics	...	610
,, ,, without ,,	...	586
Advice	...	—
Total	...	1717

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

JEWISH CRUELTY TO CATTLE.

SIR,—I have long protested against the Jewish method of slaughtering cattle, which consists in:—

(1) Needlessly frightening, and more or less *casting* or suddenly and violently throwing the animal on its side, which may possibly even fracture a limb, &c.

(2) Next, in forcibly securing and twisting its head backwards by an iron rod to extreme tightness—an act of revolting cruelty.

(3) By bleeding the more or less conscious animal to death.

(4) Thus, a calf killed by the Jewish plan may suffer seven minutes' avoidable acute agony: whilst, slaughtered in the Christian fashion, its insensibility is intense and immediate, and its death rapid and painless.

(5) Omitting the expeditious, painless, humane Christian operation of stunning the animal with a mallet, or *piercing its brain* with a pole-axe *punch*, thus producing immediate intense insensibility, and then pithing, which consists in breaking up the brain and spinal cord with a clean cane or wire, at once pushed through the hole made by the pole-axe punch. Breaking up the brain abolishes sensation and volition. Destroying the spinal marrow where it joins the brain arrests muscular movement. Simultaneously wrecking the substance of the brain and spinal cord or marrow is instant death, which is the practice and procedure of the Christian slaughterer of animals. Sometimes instead of pithing, the spinal cord is cut close to the brain. The "Jewish," or cattle-cut-throat system is bungling, brutal and barbaric, because it omits to stun or pierce the brain, and to break up the brain and spinal marrow, or to cut the spinal cord close to the brain.

(6) About May, 1890, I noticed that though in certain "Jewish" slaughter-houses, after the *Schauchet*, or paid professional Jewish cattle-cut-throat, had divided the throat and its neighbouring vessels of the animal, that then the Christian butcher—apparently *without* orders from the Jewish authorities—mercifully cut the creature's spinal cord near its brain.

(7) Because of *ante-mortem* changes in the blood, &c., due to pain and fright, "Jewish" meat seems somewhat more prone to early decomposition, and contains rather more blood than "Christian" meat.

During 1891, the French Press discussed the advisability of prohibiting, as a food, the meat of bulls taken straight from public fights for slaughter by Paris butchers.

Animals exhausted by excessive exertion or fright die in a *quasi* "feverish" state, supplying a more of less inferior food, which sometimes, from changed chemical conditions, is so unhealthy that it may even be poisonous.

German sportsmen know that stags hunted to death yield a noxious venison, which is refused and rejected as a food alike by the half-starving local peasants and their equally famished dogs.

Animals caught alive in traps, especially after long imprisonment, owing to prolonged pain and fright, furnish also an inferior class of meat, which is prone to early decomposition.

Wild hares and rabbits run to death may supply similar bad food.

Being long crushed, injured and frightened, netted fish are more liable to early putrefaction than hooked fish, which are killed quicker.

Merely for the sake of tradition and superstition, probably handed down from the priests of Ancient Egypt, the orthodox Jews still retain a custom opposed alike to modern science as well as to humanity.

The *Schechita*, or slaughtering of cattle, according to the antiquated Jewish ritual, puts a lever in the hands of agitators who are anxious to make capital against a race rather than against a religion.—I am, yours, &c.,

J. LAWRENCE-HAMILTON, M.R.C.S.

30, SUSSEX SQUARE, BRIGHTON.
October, 1893.

STUDENTS' CLUB MEETING.

SIR,—In the account of the Extraordinary General Meeting of the Students' Club in your last number, your reporter is good enough to criticise my speech, and in so doing to grossly and impertinently misrepresent my statements.

As those who heard the speech know, I took no "pains to explain away" the signing of the requisition; on the contrary, I spoke simply for the purpose of justifying my own action and that of the other "complainants." I trust you will do me the justice of correcting the palpably false impression which your reporter has given.

May I take this opportunity of suggesting that, where verbatim reports of the Club and other meetings are inconvenient, the epitomes published should at least be approximately truthful. If we must have the funny man's idea of the proceedings, let the article be labelled as such, and not put forward as a serious report of the meeting.—I am, yours faithfully,

B. A. RICHMOND.

GUY'S HOSPITAL,
October 23rd, 1893.

[We publish the above letter as it reached us—not from any desire to promote a controversy on what appears to us a somewhat minor point—but to show our readers that although we cannot always do right according to their views, yet we are at all times open to conviction Our reporter's interpretation was not, to our mind, unreasonable, but in any case we think Mr. Richmond's strong language uncalled for. However, we hope that ere this the fire of his wrath has smouldered to dust and ashes.—ED. GUY'S HOSPITAL GAZETTE.]

Reviews.

A Treatise on Human Anatomy. By various Authors, edited by Henry Morris, M.A., M.B. Lond. (London: J. and A. Churchill.)

This somewhat bulky volume of over 1,200 pages consists of a series of monographs on the various parts of the body by the following ten well-known anatomists:—William Anderson, H. St. John Brooks, J. N. C. Davies-Colley, R. Marcus Gunn, Arthur Hensman, W. H. A. Jacobson, Henry Morris, J. Bland Sutton, Frederick Treves, W. J. Walsham. The Editor in his preface, after giving good reasons for the omission of Histology and Development, points out that, as in several cases the contributors have read each others' proof-sheets, these articles may be considered to have received the endorsement and approval of two, three or more authors. The advantage of this arrangement must certainly be obvious.

On first taking up the book we felt that it might with good reason have been divided up into three, or even more, volumes, as being more easily read and carried about; but on careful perusal, we were everywhere reminded that it is essentially a Text-Book, and not a manual of dissections or a portable examination cram-book.

Before dealing with the chief sections seriatim, it is necessary to note one or two of its chief features, viz., the detailed classification and the clearness of the headings—made doubly evident by varieties of type; the most pleasing novelty, however, is the description of the various parts of the dissections at the side of the drawing, so that troublesome reference from easily confused numbers to the foot of the page is obviated; in these descriptions too the different kinds of tissues are denoted by different types.

Too much praise cannot be given to the vividness of design and outline, and excellence of colouring in the plates and diagrams—791 in number—many of which are from drawings of dissections in the Museums of the College of Surgeons and of some of the London Hospitals. We might especially mention the schemes of relations at the level o certain vertebræ, diagrams of arterial anastomoses in the extremities and sections of the viscera.

In the opening chapter on Osteology, Mr. Bland Sutton has afforded the student a good insight into this, the grounding of all anatomy, and will receive the gratitude of all beginners by indicating the origin and insertions of muscles and the attachments of ligaments in the diagrams in different colours.

Another excellent chapter is that by the Editor on the Articulations; the descriptions are good without being artificial, and the drawings are nowhere excelled for variety and instructiveness.

The Muscles of the Body are most ably dealt with in a long section by Mr. Davies-Colley. The mode of treatment is on first reading somewhat difficult to comprehend, but headings and classification will enable readers to pick out any desired information with ease; the general clearness of the whole section will do much to impress a most important part of anatomy on the mind of learners. An unnecessary use of long or new names, we note with pleasure, is avoided.

Mr. W. J. Walsham on the Circulatory Tissues must needs be interesting and instructive, and here we find that many new views of arteries are depicted; the schemes of relations are also excellent and for the most part undeniably accurate.

A more detailed account of abnormalities would, however, have rendered this section more complete.

The next chapter is the Nervous System, by Dr. H. St. John Brooks, whose treatment of the brain is open to serious objections. The small dissertation on its embryology ought to have been expanded or expelled from the volume, and the diagrams are not sufficiently numerous, and in some cases not easily understood.

On the peripheral distribution the author succeeds better, especially in his treatment and drawings of the cutaneous nerve-supply, but the whole section would have been improved by denoting the nerves in some well defined colour.

Coming to the special senses, we first meet with Mr. Marcus Gunn on the Eye, which is profusely described: perhaps the most noticeable points are the drawings of transverse sections of the orbit.

The articles by Mr. Hensman on the Ear, Tongue, Nose, the Thorax, including the organs of digestion above the diaphragm, are generally up to the level of so great a work, but call for no special mention.

A most excellent chapter is that by Mr. Treves on the Abdominal Viscera; the various relations are concise and clear, and the articles on the peritoneum would explain this *pons sapientium* even to the most unskilled beginner.

The Urinary and Reproductive Organs, by Mr. William Anderson, is perhaps the best chapter in the whole book; the vertical sections of the viscera will be most useful to students, and the author's masterly treatment of that universal "bug-bear," the pelvic fascia, must earn unqualified praise. The regions of the Abdomen are also ably described.

Somewhat fatigued, we arrive at the last chapter—Mr. Jacobson on Surgical and Topographical Anatomy—and feel immediately revived by his complete and able treatment of the subject. Readers will find a world of knowledge in every page, and candidates for the final exams. for the Membership and Fellowship of the College should read this chapter with avidity. Many of the plates are reproduced from other parts of the book, and the list is completed by some excellent transverse sections of various parts of the extremities. Here again, however, we could wish to see more use made of different colours in depicting the various tissues, and that more space had been allotted to the description of the superficial anatomy of the viscera.

There is very little to complain of even in so vast a volume, and the Editor is to be heartily congratulated; there are but few mistakes, and careful revision has

eradicated most of the printer's errors; if we except its large size, the only other point which needs correction is the quality of the paper used, for the letterpress in many cases shows through, and the eyes of readers are apt to become dazed by the indistinctness of the printing when there are diagrams on the other side of the page.

Already not a few men are to be seen toiling about under this book's great weight, and we feel sure many more will obtain it, especially those reading for the Fellowship and M.B.'s. F.

An Introduction to Human Physiology. By Augustus D. Waller, M.D., F.R.S. Second edition. (London: Longmans, Green & Co., 1893).

The immediate success of this book, augured in the review of the first edition (GUY'S HOSPITAL GAZETTE, vol. vi., p. 242), seems already to have become assured, as the early issue of its second edition shews.

The author welcomes the new edition as the opportunity for correcting errors, for making desirable alterations and transpositions of text, and for adding certain facts due to the latest researches; but, as might be expected after so short an interval, has only found himself called upon to add twenty pages to the entire letterpress.

It would be outside the purpose of this notice to go over the old ground traversed by the previous reviewer, and our object is to ascertain to what extent the mistakes of the first edition have been corrected, and what new points have seemed to the author to be worthy of inclusion.

On pages 2–4, Dr. Waller has added a classification of tissues and their functions, together with a list of the different organs and the parts comprised in each.

Passing on, we notice that the vividness of the work is increased by additional headings to sections; transposition of certain paragraphs on the chemical composition and gases of the blood will also help the student to confine his attention to one part of the subject at a time.

On page 13, we find the statement as to the size of leucocytes qualified: for "typical leucocytes are considerably larger than the coloured corpuscles."

We notice that the statement that plasma is coagulable (first edition, p. 14), has disappeared.

On pages 19 and 20 we find a longer account of the adjuvants of coagulation and a statement of the present theory of coagulation, viz., the idea that the fibrinoplastic action is due to nucleo-albumin. The opinions of Wooldridge, Halliburton, and Schmidt are given at greater length, and points of unanimity deduced from them.

At page 42 are added the chief points in the history of work on the circulation since its discovery by Harvey and Malpighi; and there is a new diagram illustrating systolic and diastolic pressure variations in the ventricle and aorta of man. Roy's cardiometer is noticed, page 79, and a tracing taken with that instrument is included.

Wharton-Jones' work on the bat's wing (in which he noticed rhythmic venous constriction) is here given, and the opposing theories of Ludwig and Heidenham as regards the mechanism of lymphatic circulation are briefly touched upon.

On pages 152 and 153, Hering's theory as to the automatic alternation of respiratory movements is included; the vagus is also dealt with as a broncho-constrictor nerve, and Einthoven's experiments on this subject are mentioned.

Coming to the chapter on digestion we find but few alterations. On page 183, Bernard's experiments on the submaxillary ganglion are given, but doubt is expressed as to the conclusions which may be drawn. Some new diagrams are inserted in pages 196 and 218, but the paragraphs on proteids and albumoses have been with reason removed to the appendix.

On page 243 we find an excellent addition in the form of an article on diabetes, with a paragraph on the relation of the pancreas to the sugar function, in which experiments by Minkowski and V. Mering are instanced. The conception of Treviranus as to the interdependence of the various organs is here noticed, and the question is raised as to whether Addison's disease is not a case in point, in which case the pigmentation is regarded as a sign of malnutrition due to diseased suprarenals.

Aubert's demonstration of the local action of atropin on the sweat glands is next given, and the changes in skin-pigmentation according to light are mentioned.

On page 311, in the chapter on instruments, a description of the stroboscope is given.

To Chapter X., on Nerve, Dr. Waller adds a paragraph headed, "Does muscle possess inhibitory nerves?" His answer is that we have no direct proof of voluntary peripheral inhibition, but that voluntary inhibition of a peripheral action occurs at the centre.

On page 356, Phillipeaux and Vulpian's discovery that in degeneration of the hypoglossal stimulation of the lingual produced a sluggish contraction of the lingualis is noticed, and assigned to chorda tympani influence.

The chief additions to the chapter on light and vision are a notice, on page 441, of Sherrington's experiment on the monkey to prove relaxation of one ocular muscle owing to contraction of its antagonist—Dubois' discovery as to the analogies between the retina and the integument of the siphon of Pholas dactylus, and his experiments with regard to animal luminosity. Some observations with slowly moving discs are also given.

We next find, page 480, a mention of Golgi's opinions as to the nerve impulse continuity with only nerve fibre contiguity, and the inferences to be drawn from such interruptions are jotted down.

Gotch and Horsley's work on the passage of up-and-down currents in the anterior and posterior roots is also noticed.

Page 555 furnishes an account of the haploscope, with diagram. We next find added Hodge's discovery of the morphological differences of resting and acting nerve-cells. The whole of the chapters on the spinal cord and brain have been carefully revised and new work has been

added, so that now this section gives the student a clear path to this hard and yet most interesting part of physiology, and at the same time renders him well versed in the opinions of the day. The chief additions to the appendix are Tollen's classification of carbo-hydrates, and the pages on composition and classification of proteids, which, as noticed above, have been transferred to this section of the book.

It is needless for us to say that the book has been improved in the second edition, and the author is to be congratulated on having fairly attained the position he aspired to in his preface. The price of the volume is 18s. F.

NOTES FROM THE DISPENSARY.

A Substitute for Dr. Brown-Sequard's Organic Fluids.

All those who have been occupied in the preparation of Dr. Brown-Sequard's organic fluids, and have experimented with them, admit that these fluids owe their dynamical properties to phosphoretted principles. This idea is so general that sceptics have sought to establish as a fact that with solutions of phosphoretted compounds, such as spermine and its chlorhydrate, and even sodium phosphate, they have obtained the same results. M. Christiaens has studied the liquids obtained from yolk of egg, a body eminently rich in phosphates, and which contains in itself all the elements necessary to the constitution of the life of the young being. He has prepared a liquid very rich in phosphates, and presenting this element in an organic combination (lécithines), which is very easily assimilated.

Starting with the idea that lécithines are fatty bodies, probably soluble in oils, he adopted as solvents oil of sweet almonds and vaseline oil. After numerous experiments M. Christiaens arrived at the conclusion that vaseline oil was the best solvent, and he obtained a liquid which contained the phosphoretted principles in their most acute form. The following is the method of preparing the fluid:—Take of yolk of egg and vaseline oil equal parts. Shake together until a complete emulsion is formed, and allow it to remain for forty-eight hours in this condition. Then digest at a temperature of 70° C., stirring it continually until the oil separates. Express, filter, and sterilise the oil. The liquid thus obtained is of a fine yellow colour, and keeps perfectly.—*Journal de Pharmaciæ et de Chimie*, p. 315, October, 1893.

Chloralocaffeine.

It will be interesting to know that at last an aperient has been discovered which can be administered hypodermically. This product is a combination in equal molecular weights of chloral and caffeine. It occurs in the form of small colourless needle-shaped crystals, and is very soluble in water. It has been given hypodermically in doses of 0·02 to 0·04 gramme, which may be repeated at the end of two hours, if necessary. Chloralocaffeine is stated to have given most excellent results, especially in cases of obstinate constipation.—*Pharm. Centralhalle* xxxiv., p. 509, 1893.

Sodium Chlorate in the Treatment of Cancer of Stomach.

It has been known for a long time that solutions of potassium chlorate act in a very efficacious manner upon epithelioma of the mouth and certain cancerous growths of the face. The success resulting from the use of this salt has induced Dr. Brissaud to use it in cases of cancer of the stomach. Potassium chlorate is but very slightly soluble in water, and at the same time possesses toxic properties, so that Dr. Brissaud preferred to use sodium chlorate, which is much less toxic, for it has been injected into animals in very large doses without producing any serious effects. This salt dissolves in three times its weight of water, while that of potassium requires twenty.

Dr. Brissaud has given his results in a paper read before L'Association Française pour l'Advancement de Sciences. He says that the use of sodium chlorate in doses which have varied between eight and sixteen grammes daily have in several cases of undoubted cancer of the stomach given such relief that it is really equivalent to a cure. He would have hesitated to have published the results if it had only been one or two cases, which in consequence of errors of diagnosis might have been only chronic gastritis, which in many cases presents all the symptoms of the more malignant affection. These good results have been constantly obtained in all cases for four years. Dr. Brissaud especially mentions five cases in which there could be no possible doubt of the nature of the disease, in which sodium chlorate, given in doses of 12, 14, and even 16 grammes daily effected an absolute cure.—*L'Union Pharmaceutique (Bulletin Commercial)*, p. 433, September, 1893. H. COLLIER.

RECENT PUBLICATIONS.

Brodie, C. G. Dissections Illustrated. Part 2. The Lower Limb. Royal 8vo. Whittaker, 10/-.

Clemow, F. The Cholera Epidemic of 1892 in the Russian Empire. Royal 8vo. Longmans, 5/-.

Donkin, H. B. The Diseases of Childhood (Medical). 8vo. Griffin & Co., 16/-.

Gee, Samuel. Auscultation and Percussion. 4th edition. 12mo. Smith & Elder, 6/-.

Hewitt, F. W. Anæsthetics and their Administration. Crown 8vo. Griffin, 10/6.

Lee, A. B. The Microtomists' Vade-Mecum. 3rd edition. 8vo. Churchill, 14/-.

Moore, Sir William. Family Medicine and Hygiene for India. 6th edition. Crown 8vo. Churchill, 12/-.

Small, M., and Colyer, J. F. Diseases and Injuries of the Teeth. 8vo. Longmans, 15/-.

Yeo, I. B. A Manual of Medical Treatment. 2 vols. Crown 8vo. Cassell, 21/-.

Yeo, G. F. A Manual of Physiology. 3rd edition. Crown 8vo. Churchill, 14/-.

LONGEVITY.

Dr. A. T. Brett, Medical Officer of Health for Watford, and an old Guy's man, has been good enough to forward us copy of the following remarks upon the above subject, which were originally addressed to the Editor of the *Watford Observer*.

"SIR,—As our esteemed neighbour, Mr. Thomas Young, known best by his friends as Tommy Young, has on Tuesday attained the natural age of man, which is now considered to be 100 years, perhaps some remarks on old age might be acceptable to your readers. I will give some, of course avoiding medical details, for which your readers must apply to the Watford Library, where medical lectures are delivered twice a week.

"Mr. Young, like many of us, was a native of London, and although he cannot claim the privilege of being a native of Hertfordshire, yet I think we must allow him to claim to be an old inhabitant, for he has already resided in Watford more than 74 years, coming here when he was 26. I say advisedly 'the privilege,' for it is one to live in the most salubrious county in England —or at least one of them.

"That eminent man, the late George Cornewall Lewis, who married into the Clarendon family, once said, when writing on the subject of old age, that he doubted if there were many, if any, well authenticated instances of people living to be 100—such cases when investigated, mostly proving to be incorrect. In the case of Mr. T. Young, there is no doubt of the age. I have often seen a large Bible in which his mother wrote in a clear, distinct, good hand, 'Ages of my children.' There were nine of them, four males, five females, and our friend Thomas Young came last.—'Thomas Young, born October 10th, 1793.' One sister lived to be more than 90.

"Professor Humphry, of Cambridge, some years ago instituted an enquiry, under the auspices of the British Medical Association, as to the condition of old age. There were numerous and minute questions for people of 80 years and more. Lord Ebury, the late Lord Essex, Mr. Jonathan King, Mr. Young, my father, and many others, kindly filled up the papers, which I sent to Cambridge, and the result for all England has appeared in a report.

"In Mr. Young's case there were two points which strongly conduced to his longevity, in my opinion—his great powers of digestion and his ability to command sound sleep. He mostly can sleep twelve hours at a stretch, and besides that, indulge in 'forty winks' two or three times a day. 'God bless the man that invented sleep' (Sancho Panza).

"As to food, he makes two good meals a day—at breakfast, a large mutton chop or a pound of beef-steak. He is very deaf, so that I write some of what I have to say to him, and he can read even my writing with the naked eye, and the *Times* without glasses. He sometimes says to me, 'I ought not to complain, I am one in a hundred,' and I write not 100—say 1000, and it is more than that. Only two in a thousand attain 95.

"Watford seems remarkable for old people. In 1892 I reported eighteen deaths above 80; one at 93, one 90, one 89, three 88. Some people in the Watford Union Infirmary live to a great age. On looking over the death list for a few years, I find that one died aged 96—Hearn, the Gipsy; two 95, one 94, three 93, one 92, three 90. A few years ago, I am told, Mrs. Rowbottom, of Bushey, died at Stanmore, aged 105. Her son is living in Watford, aged 91.—Yours truly,

"Watford House, "ALFRED T. BRETT.
"October 10th, 1893."

Notices.

"SANITAS" PRODUCTS.

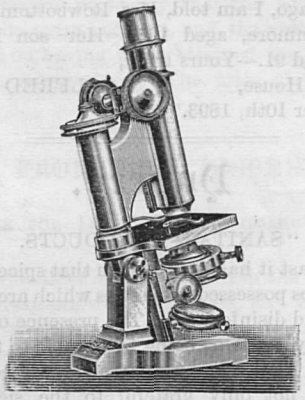
For ages past it has been known that spices and sweet-smelling herbs possessed properties which are now termed antiseptic and disinfectant. The presence of pine trees was especially noted as being favourable to the purity of the air, and it was found that air, charged with pine odours, was not only grateful to the sick, but also possessed restorative properties. The reputation of Bournemouth as a health resort is said to be due to its pine groves. Kingsett has shown that the antiseptic and disinfectant properties of essential oils, and especially terpenes, is due to the absorption of oxygen from the air by the oil, and consequent formation and evolution of peroxide of hydrogen. One of the results of the researches of Kingsett has been the manufacture of the well-known antiseptic "Sanitas." This product is oil of turpentine, which has been oxidised by means of atmospheric oxygen, and is in such a condition that it forms peroxide of hydrogen when placed in contact with water. The "Sanitas" Company, Limited, Bethnal Green, E., has sent for examination a number of samples of "Sanitas" products and appliances. We note especially a fumigator, which has been designed for the purpose of disinfecting sick rooms, and for the treatment of lung and throat complaints. The "Sanitas" disinfector is an ingenious arrangement by which "Sanitas" oil vapour is constantly being given off. It will be found useful for the automatic and continuous diffusion of this disinfectant into the air of closets, etc. Among the samples of "Sanitas" products are some which are intended for domestic use, such as soaps, toilet paper, and furniture cream.

L.G.B. SOLOIDS.

Messrs. Burroughs, Wellcome & Co., Snow Hill Buildings, E.C., have lately introduced a compressed form of Hyd. Perchlor, made according to the formula given by Dr. Thorne, and which has been issued by the Local Government Board in a general memorandum in regard to disinfection. One soloid dissolved in a pint of water forms a blue solution of the strength of 1 in 1000. There can be no doubt but that these soloids will be

much appreciated on account of their portability and the ease with which the solution can be made. We find that the blue colouring matter can be readily washed out of linen which has been soaking in the solution for some time.

THE LARGE CONTINENTAL MICROSCOPE.



This instrument is on the model of the Continental microscopes, the special point of interest being the improved slow motion, which is so manufactured that it is extremely delicate, and the makers, Messrs. R. & J. Beck, of 68, Cornhill, E.C., claim that, being made without any adjusting pieces of any description, it can never be deranged, and will last in a perfect condition for an almost indefinite period. The instrument has a rack and pinion, and centering substage carrying condenser with an iris diaphragm. The draw-tube is nickel-plated and graduated in millimetres. The whole instrument is heavy, rigid and compact, and is made with the finest workmanship throughout.

DR. CHESTERFIELD'S LETTERS ON MEDICINE AS A CAREER.

BY SIR WILLIAM DALBY (LONGMAN'S MAGAZINE, OCTOBER, 1893).

"I will endeavour," so writes Dr. Chesterfield to his son, "not only to lay before you the advantages and drawbacks of the various departments, but what is of more direct importance, the qualities of mind and character, which are the requisites to success in each." As "Dr. Chesterfield," Sir William Dalby indicates his own aim in these, the first three of some letters he is publishing on "Medicine as a Career," in *Longman's Magazine*. The aim stated, no other foreward, surely, is needed to call attention toward the letters. Some old truisms, no doubt owing to the quaint style, startle us into forgetting their age. Writing now, "of the marvellous diversities among those who go by the name of doctors with the public," Dr. Chesterfield would have us remember that "Ovum and Magnet are evolved out of the medical student, no less than the doctor who dispenses a black draught from beneath the illumination of a red lamp in a bye-street off Tottenham Court Road, or in the East End of London."

Dr. Chesterfield is certainly old in wisdom, for here he is telling his son that "speaking broadly, you will have to choose which you are to be—a physician, a surgeon, a specialist, or a general practitioner." It would be difficult for the most ambitious of us to have a wider field for selection. Following are some further extracts and a few aphorisms. "There are not more than four or five general physicians, and perhaps half-a-dozen surgeons, who make more than five or six thousand a year." This, at least, is satisfactory in days of Progressive Income Tax talk! Again, and curiously, after dining, medical men, it appears, discuss the "respective professional incomes of some absent colleagues . . . with an absorbing interest." How very human!

"An obscure case," says our Dr. Chesterfield, "is one in which the precise nature of the malady is not found out till after death."

Those who earn five or six thousand a year are elected to their posts by "the influential general practitioners who have large practices in the West End of London, and the provinces, and," naively adds Dr. Chesterfield, "they invariably make a good selection."

Now, be it observed, "Good British Public!—ye who know us not" (to slightly vary Browning)—that "physicians . . . in London are like horses in a race: three are placed; the others are nowhere!" However, "A successful physician must satisfy his patients." "Ah!"—I hear you say—"It is manner." "Stuff and nonsense, it is an absence of manner."

If not fond of children "you had better become an analytical chemist or a physiologist, for if you do not care for children, you probably don't care for animals." If not true, this would at least be welcome to the Anti-Vivisection Society!

After the publication of these letters, the Fellowship ought surely to advance in value, cent. per cent., for in the letter on "The Surgeon" we are told that "It is the most severe, and at the same time the most fair and satisfactory of any non-competitive examination in the country."

In the matter of style in medical literature, Dr. Chesterfield has the following:—"I have read a good many charmingly-written articles and books on surgical matters, but I have also for my sins waded through some others that have positively made me shudder."

The letters, we hope by these extracts to have shown, contain interesting matter, and for fuller perusal we would ask our readers to turn to *Longman's Magazine* itself.

C. P. H.

THE LIBRARY.

The Dental Section of the Library has been much increased since Guy's Hospital Dental School was founded, and it now includes the undermentioned books:—

DENTAL SURGERY.

Coleman's Dental Surgery.
Harris' Principles and Practice of Dentistry.
Quinby's Notes on Dental Practice.
Salter's Dental Surgery.
Sewill's Dental Caries: its Prevention.
Sewill's Dental Surgery.
Tomes' Dental Surgery.
Underwood's Dental Surgery.

DENTAL ANATOMY.

Owen's Odontography.
Owen's Anatomy and Physiology of Vertebrates.
Tomes' Dental Anatomy.
Rymer's Note-Book on Dental Anatomy.
Underwood's Aids to Histology.

METALLURGY.

Bloxam's Metallurgy.
Fletcher's Metallurgy.
Makins' Metallurgy.

ANÆSTHETICS.

Buxton's Anæsthetics.
Hewitt's Anæsthetics.
Silk's Nitrous Oxide Anæsthesia.

DENTAL MECHANICS, AND MISCELLANEOUS.

Balkewill's Mechanical Dentistry.
Coles' Oral Deformities.
Evans' Crown, Bar and Bridge Work.
Flagg's Plastics.
Gunning's Fractures.
Heath's Injuries and Diseases of the Jaws.
Kingsley's Oral Deformities.
Miller's Micro-Organisms of the Mouth.
Richardson's Mechanical Dentistry.
Smale and Colyer's Diseases and Injuries of the Teeth.
Stocken's Materia Medica.

The following journals are received monthly:—

Transactions of the Odontological Society of Great Britain.
Journal of the British Dental Association.
Dental Record.

SHORT SAYINGS OF GREAT MEN.

People look young for their years for two reasons: Either the world has gone smoothly with them and they have sustained less than the average amount of wear and tear, or they may have been backward in development all along.

If you see an infant frown you may be sure that its path has not been a smooth one.

PASS LIST.

FINAL CONJOINT EXAMINATION.

OCTOBER, 1893.

MEDICINE, SURGERY AND MIDWIFERY.

*Howard, J. A. *Manning, G. E.

MEDICINE AND SURGERY.

*Manning, T. D.

MEDICINE AND MIDWIFERY.

Allport, A. *Hovenden, A. C.

SURGERY AND MIDWIFERY.

Dukes, E. S.

MEDICINE ONLY.

*Buchanan, A. G. *Jewell, W. H.
Coleman, J. G. B. *Kirkby, R. C.
Eastment, J. W. *Meyrick-Jones, H.
*Grove, W. R. Munro, H. A.
Hovenden, G. S. *Pendred, V.
*Hunt, E. Philps, F. G. M.
*Shillitoe, A.

SURGERY ONLY.

Burroughs, W. J. Hoare, E. S.
Burrow, T. Kortè, W. E. de
Fido, H. A. Martin, D. A. W.
Moon, R. H.

MIDWIFERY ONLY.

*Biggs, J. J. E. Dykes, P. A.
Card, A. H. Fagge, R. H.
*Chaning-Pearce, D. A. Greenway, C. M.
Chapman, A. V. Jimenez, G.
Collis, A. J. Reid, E.
Culmer, J. J. Tuck, E. S.

*Denotes completion of examination.

ACKNOWLEDGMENTS.

"Manual of Practical Anatomy." Cunningham. Young J. Pentland, London. 12s. 6d.

"The Student's Handbook of Gynecology." Livingston, Edinburgh. 5s.

"Manual of Physiology." Waller. Second edition. Longmans & Co.

"Cambridge Review."
"St. Bartholomew's Hospital Journal."
"St. Thomas's Hospital Gazette."
"The Hospital."
"The Medical Pioneer."
"The Medical Register."
"The Harveian Oration." Dr. Pye-Smith.

THE post of Clinical Assistant, rendered vacant by the resignation of Mr. C. R. Colley, has been given to Mr. A. Shillitoe, M.R.C.S., L.R.C.P., and Mr. L. A. Parry has been appointed Dresser in the Eye Wards, *vice* Mr. A. H. Leete, resigned.

MATERNITAS.

There's a presence comes to me
In my dreams,
Whose mysterious face I see
Haunting all the shades that be
Visited by fitful gleams
Born of reverie.

And at times on her I gaze
In the street,
When some fallen wretch I meet
Crouching in the dusty ways,
Or beneath the lamplight's blaze,
Pacing with blistered feet,
And evermore to look on her is sweet.

Once, even, as a little child
With a doll upon her breast
She looked at me, and smiled,
Then I think I loved her best,
For her eyes
Never, never seemed so wise,
Never shone before
With such hidden depths of love,
Such brimming wealth of mysteries.

Paintings, too, there be,
Many such are found,
Picturing Virginity
With a babe upon her knee,
Breathing holiness around.
Darkly, distantly,
In some of these I seem
To catch the glance that consecrates my dream.

Oh, that I could tell
All the unimagined grace
Of her face;
All the burning thoughts that dwell
In the wonder of her eyes!
Prophets they, and prophecies
Of delight,
Heralds of the infinite,
And of love unspeakable.

Yea, and most of all, of love,
Superhuman,
Far above
Vaunted love of man and woman!
Surely that is sweet and good,
But the love of Motherhood
Stronger grew with every pang which
Rent her frame
In the throes of mortal anguish,
And her wisdom, from the same
Darkness torn,
To like sovereignty was born—
Let none else dispute their claim.

C. J. W.

PAVY GYMNASIUM.

The Annual General Meeting was held in the Gymnasium, on Monday, October 9th, at one p.m. Over thirty members were present, and Mr. Gerald Webb was in the Chair.

The minutes of the previous meeting having been read and confirmed, the Chairman called upon the Honorary Secretary and Treasurer to read the Annual Report and Financial Statement of the Club, which was unanimously adopted. The following officers were then elected for the ensuing season:—President, F. W. Pavy, Esq., F.R.S. Committee, Messrs. G. E. Duncan, H. Walling, E. Morgan, and additional (elected by Students' Club Committee), E. N. Scott and B. G. Reynolds; Honorary Secretary and Treasurer, H. J. Spon.

On the motion of Mr. Duncan, seconded by Mr. Copley, it was resolved, "That Fencing Classes be held on Tuesdays, in addition to those already held in Gymnastics and Boxing, subject to the approval of the Students' Club Committee."

After some discussion with regard to the annoyance caused by members punching the ball at all hours of the day, it was decided, on the motion of Mr. Hardy, seconded by Mr. Van Someren, "That the Committee be recommended to consider the advisability of restricting the hours during which the ball should be 'punched' in the Gymnasium." Some discussion then took place with regard to the use of Single Sticks in the Gymnasium, but at the request of the Secretary the matter was referred to the Committee. A vote of thanks to Mr. Webb for taking the Chair, terminated the business.

The Committee hope that new members desiring to take part in any of the classes held in the Gymnasium, will do so as soon as possible, that regular exercises may be systematically carried out, and every help afforded the instructors in their arduous task. Gymnastic classes will, as usual, take place on Tuesdays, from 4 to 6 p.m., for which an instructor will be obtained from the Chelsea Barracks, and Boxing Instruction will be given on Thursdays, under Professor Natty, at the same hours.

Attention has been drawn from time to time by members of the Staff, and especially by Dr. Pavy, to whom so much is due in providing Guy's with a Gymnasium—no such thing existing in any other London Medical School—to the great advantages to be derived from exercise in the Gymnasium. It is sincerely hoped, therefore, that more members will avail themselves of the opportunity open to them in this respect. That the instruction is excellent is proved by results. During the past three years Guy's has been enabled to give a first-rate annual display which has been greatly appreciated, and last year to make rings round the other Hospitals at the first competition of the United Hospitals Boxing Club, winning four out of the five events. To all members, new and old, Guy's looks to keep up her reputation in this branch of athletics, which is so easily within reach.

Sport.

ASSOCIATION FOOTBALL.

GUY'S v. GRAVESEND.

Played at Gravesend on the 21st ult. Guy's kicked off, and the earlier portion of the game was for the most part in our half, but sound back play kept Gravesend from scoring, and half-time arrived with the score-sheet blank. In the second half play was as much in favour of Guy's as it had previously been against us, but all efforts to score were unsuccessful. Gravesend made a rush about a quarter of an hour from the finish, and scored. Guy's retaliated by a splendid attempt to get level, and Walker put the ball through, but the referee disallowed the point for a previous foul. Guy's thus lost by 1 to 0. We were without the services of N. C. Cooper and R. B. Stamford, or the result might have been otherwise. Team :—

Guy's.—N. Lavers (goal); F. J. Lidderdale and A. B. Carter (backs); H. Hewetson, H. D. Packer, A. E. Crosby (halves), E. Picnôt, F. E. Walker, R. T. Fitz-Hugh, C. H. Murray, R. C. Kirkby (forwards).

GUY'S v. MARLOW.

We took down a strong team to Marlow on Wednesday, the 25th inst., determined to give this smart team a good game. The home team failed to put in an appearance until half-an-hour after the appointed time, which according to their secretary's notice was three o'clock, and so we had an unpleasant wait in the cold wind. Losing the toss, we had to play down hill. The game was fast and even, till Cooper got possession in the centre and after a short dribble shot a good goal well out of the goal-keeper's reach. Marlow now had a look in, and very nearly scored on two occasions, when the ball hit the crossbar, but our backs were in very good form. No further points were scored in the first half, and Guy's crossed over leading by 1 to 0. On resuming, fast play continued, and runs were made by the forwards on both sides. A fine bit of play by our left wing—Humphrey and Stamford—took the ball three-quarters the length of the field, and a good centre by the latter enabled Fitz-Hugh to score an easy goal. Marlow now went at it like grim death, and after a few ineffectual attempts, spoilt by their forwards getting off-side their outside right, scored a good goal, which Lavers nearly succeeded in stopping. No further scoring took place, and Guy's won an exciting game, 2 to 1. For us, Lavers was as safe and cool as ever. Carter was the best of the two backs, but Prince was not far behind him. Cooper was of great service to us, as usual, and played a fine game. Of the forwards, Stamford was best, but nobody shone conspicuously. Had our captain been playing, the Guy's team would have been at its strongest. Team :—

N. Lavers (goal); A. B. Carter and P. C. Prince (backs); N. C. Cooper, A. E. Crosby and H. D. Packer (halves); F. E. Walker, C. S. Brookhouse, R. T. Fitz-Hugh, R. B. Stamford and L. Humphrey (forwards).

RUGBY FOOTBALL.

SWANSEA v. GUY'S AND ST. THOMAS'S.

From the Western Mail of Monday, 30th ultimo.

The weather at Swansea last Saturday was wretched, but in spite of this the prospect of a good, open game, such as the visitors gave last year, brought a fairly large crowd to the St. Helen's field. The kick-off was fixed for 3.30, and shortly after that time the teams fielded up as follows :—

SWANSEA.—Back, W. Bancroft; three-quarter backs, F. C. Coke, J. Morgan, E. Thorogood and C. Tanner; half-backs, T. Blackmore and E. Evans; forwards, Alfred Lewis, S. Rice, B. Thomas, D. Bryant, J. Jackson, Arthur Lewis, W. Smith and J. Russell.

GUY'S AND ST. THOMAS'S.—Back, K. B. Alexander (Guy's); three-quarter backs, W. I. Hancock (Guy's), W. H. Thorman, Prain and A. Rotherham (St. Thomas's); half-backs, M. P. Jones and H. M. Stewart (Guy's); forwards, W. Ashford, A. E. Elliott, F. C. A. Thompson, Bingham and Sedgwick (St. Thomas's), L. Slater, E. T. Shorland and R. S. Rowlands (Guy's). Referee, Mr. A. J. Davies (Cardiff Harlequins).

The weather was still cold and wet at the time of the kick-off. Ashford started the ball for the Hospitals against a strong wind, and play, after some good kicking, settled down in the centre, where Swansea were penalised, and Rotherham took the kick, which failed. Swansea now brought off a bit of passing, started by Blackmore, but Thorogood accidentally knocked on and stopped it. The latter, however, directly afterwards nearly brought off a drop goal, the ball going only a little wide. The visitors touched down. Hancock soon afterwards brought off a good run, defying the tackling of several Swansea men. Rotherham got a pass, and kicked down to Bancroft, who sent up to the full back, who kicked down to Blackmore. A Swansea forward got the ball off-side, and play was stopped. Morgan, through not playing the ball at once, gave the visitors another free kick. The visitors, who were playing a very brisk back game, got well into Swansea's half. Blackmore passed out, and Thorogood, following up with a trial, removed the play to the other end, and the Swansea forwards in the ensuing scrums rushed play up to near the goal line, looking decidedly dangerous for the first time. Soon afterwards, however, the tables were turned by Rotherham and Thorman, who, stopping a bit of Swansea passing, dribbled the length of the ground, and Coke had to kick into touch in goal. Swansea now rushed away, and Bancroft taking a drop, nearly landed a goal, a minor resulting. Another minor resulted from a similar attempt by Bancroft a little later.

Then the Swansea three-quarters made a really good attack, but Tanner failed to get across. Thorogood, coming to the rescue, picked up and dropped a neat goal. This put a good deal of spirit into the Swansea men, and the next few minutes were a lively time for the visitors, who were hard pressed on their goal line. They again crossed, and Bancroft got the ball passed out to him and tried to land a goal backwards. This put the ball again in front of his forwards on the line. The visitors contested every inch, and at last the forwards, headed by Ashford and Sedgwick, relieved. Swansea, having thus suffered from a lot of poor luck for some time, were by no means so good up to half-time being called. Half-time score:—Swansea, one dropped goal, four minors; Hospitals, one minor. Bancroft led off in the second half, and Hancock's return was spoiled. A rush of the homesters invaded the visitors' territory. A few minutes after the start the ball got loose, and Coke, racing up, nearly got to it in time for scoring, but Alexander just managed to kick into touch in the nick of time. After the first ten minutes the game was fought out more in neutral ground. Bancroft got a chance to drop, but it did not come off, nor, in fact, go near the mark. Bancroft touched down. Another kick with the wind had a similar result, and a third brought a fourth minor for the visitors. There was little interest in the succeeding play, which was of a rather scrambling character. The visitors' forwards once or twice got away with good dribbles, and J. Morgan was enabled to exhibit some clever stoppages of the rushes. The referee awarded a number of frees to the Hospitals which, with the wind, took the ball continually over into Swansea ground. A minor or two resulted from these long kicks, Bancroft declining to interfere with the course of the ball as it rolled over the line. The latter part of the game was contested in a perfect deluge of rain, the wind blowing stronger every moment. The visitors showed far more determined play than at any previous stage, and Thorman took the ball into the Swansea line, forcing the home team to act on the defensive, Blackmore and Tanner did a pretty good bit of passing and took the play into the visitors' quarters. Before time was called the visitors had again the best of matters. Time was eventually called, the score standing—

Swansea ... ... 1 goal and 6 minors.
United Hospitals ... 7 minors.

REMARKS.

The game was very keenly contested throughout, Swansea had much the best of the first half, but the Hospitals played with far more determination and effect towards the end of the game. They showed a good deal of the brilliant back play for which they are noted, and which enabled them last season to play such an excellent game, and to bring off a draw on the Swansea ground. Swansea failed entirely to take advantage of their chances on the first half, or they should have scored at least one try, if not two. The wind was an important factor in the game, and Thorogood's dropped goal was with the wind This was the only major point gained during the match. The visitors, with the wind, however, failed to score, and the minors which they obtained by their long kicks were owing to Bancroft's evident disinclination to exert himself. The game was not as brilliant an exhibition as was expected, there being little good passing, and none which had the slightest effect on the score. Bancroft was not in his usual form, probably owing to his recent illness. Jonah Morgan and Thorogood were the only three-quarters who did anything for Swansea. Blackmore played a really brilliant game at half; in fact he has never been seen in better form. Eddie Evans ably supported him. Amongst the forwards, S. Wright, Jackson and Russell were conspicuous. Alexander proved a very good back for the Hospitals. Hancock and Rotherham were certainly the best of their quartette, the former's kicking being a great feature of the second half. In the second half the Hospitals changed the disposition of their backs, with a view to the high wind prevailing. Stewart and Jones, the two halves, played a very capable game, but were not so sharp as the Swansea players. Ashford, Shorland and Rowlands seemed to be always in the van whenever the forwards pursued offensive tactics.

GUY'S v. CAMBRIDGE.

This match was played at Cambridge on Wednesday, October 25th, and resulted in a victory for Cambridge by six goals to nil.

Nicholl started the ball for Cambridge, which was badly returned by one of our backs, the ball going into touch in our twenty-five. After numerous scrimmages, Gregg, gaining possession, scored the first try for Cambridge between the posts, Whiteway converting.

The ball being re-started by Shorland, was well returned by Neilson. Scrimmages followed in our twenty-five, which gradually approached our goal line. Nicholl then gaining possession in the open, barged over, and scored the second try for Cambridge, Whiteway again converting. On crossing over, Cambridge led by two goals to nil.

In the first part of the second half, Cambridge succeeded in scoring four goals in quick succession; Gregg three, Nicholl and Neilson one. During the last part of the game, our forwards played up much better, and carried several scrimmages in quick succession, but were not well supported by our backs. When time was called, the play was well in the Cambridge twenty-five.

Rowlands, Shorland and Tyson were the pick of our forwards.

Edwards must learn to use his feet more in the open and less in the scrim. He several times, instead of quietly securing the ball in the scrum, vigorously kicked it into our opponents' ranks, and in the open, once in particular, spoilt a grand rush of our forwards by trying to pick the ball up.

Of our backs, the least said the better. The halves were decidedly out of form, and allowed Gregg to get away time after time. Of the three-quarters, Hancock's tackling is the only thing worth mentioning.

GUY'S HOSPITAL BICYCLE CLUB.

On Saturday, 21st October, the members of the above Club held a social evening at the "Wheatsheaf" Inn, West Wickham. The number of Guy's men present was small, owing to the fact of there being a smoking concert at the Hospital on the same evening, and had it not been for the members of the Edward Alleyn Cycling Club, much of the enjoyment of the evening would have been lost. The evening commenced with a high tea, to which those who had ridden over or come down by train did ample justice. As soon as the inner man was appeased, Mr. F. G. Hopkins took the chair, and a very attractive programme was begun. Messrs. Henson, and Milbank-Smith, of the Guy's Club, and Webster, Robinson, and West, of the Alleyn Club, were much applauded for their vocal efforts, as also were Mr. Thomas, of Guy's, and Mr. Simons, of the Alleyn Club, for their very excellent playing. A most enjoyable evening terminated with a vote of thanks to Mr. Hopkins.

TWENTY-ONE YEARS' SPORT AT GUY'S.

(Continued.)

During the season 1884-1885, H. V. Hickman was elected captain of the Rugby team, H. J. Holman, captain of the Association team, and C. Metzgar, honorary secretary and treasurer of the Club. The substantial balance of £32 19s. 6d. was handed over to the new treasurer, and a successful season seemed in prospect. In the Cup Ties we were, however, unsuccessful, and failed to get in the Final, London again proving successful. Our Cup team was as follows:—A. S. Taylor (back); H. M. Jordan, J. D. Cruickshank, H. Cuff (three-quarter backs); F. M. Russell, A. Meyrick-Jones (half-backs); S. Wacher, C. D. Rygate, F. Beard, R. M. Peile, H. B. Marriott, C. Metzgar, A. D. Fripp, E. S. Blaker, F. F. Burghard (forwards). Of those appearing for the first time, Jordan, Marriott and Fripp were the most notable. Jordan was a sprinter of no mean order, and appeared for Wales against England in 1885. On this occasion he obtained both tries for his Country, who were defeated by one goal and four tries to one goal and one try. He was a prominent member of the famous Newport Club, and made his *début* with the "finest three-quarter of the day"—A. J. Gould. Marriott did excellent service for Guy's, and takes rank among our best forwards; while he captained the Fifteen on the last occasion that Guy's won the Cup, in 1886, at the end of which season he was most deservedly awarded an Honour cap.

Fripp, who was captain of the team in 1887-1888, was also a member of the victorious Fifteen in 1886. He played on every occasion in the Cup Ties during his four years, and was one of the most energetic members of the Committee during his tenure of office. His strength and size enabled him to be of excellent service to the team, and in no small measure his presence was conducive to our success in the football field. Honour caps were awarded this season to F. Beard, C. D. Rygate and F. M. Russell.

At cricket, Guy's won the Cup for the second time in succession, and had a very brilliant season, winning nearly all their matches with the leading clubs in the South-Eastern district. An opportunity here offers to just briefly mention one about whom I hope to say more subsequently, and who has been to cricket what Leonard Stokes was to football, namely—F. Colclough. It is true he has never played for his County; but certainly, many good authorities have singled him out as a player of very great merit. To him, in a large measure, is due the prestige which Guy's has earned in the cricket world; and during his stay we never suffered defeat in the Inter-Hospital competitions. Trophy winners this season were W. J. Scott (batting), and C. D. H. Rygate (bowling).

A. S. Taylor, then in the full tide of his reputation, was secretary of the Athletic Club in 1885; and the following represented Guy's at the United Hospitals' Meeting on June 25th:—C. J. Prime (100 yards, 220 yards, and long jump); W. Sturges-Jones (quarter mile); A. T. Harrison (half mile and three miles); H. J. Holman (mile); E. J. D. Mitchell (putting the weight); J. D. Cruickshank (throwing the hammer). Prime was the only one to do anything for us by winning the long jump (20 feet), and being second in the 220 yards. Sturges-Jones and Mitchell were soon to be great lights in the Association team, and of the others, all were Footer men, with the exception of Harrison.

The winter of 1885 saw the beginning of the Association Inter-Hospital Competition, which Guy's won after a good season. For four years in succession Guy's held the Challenge Cup, and in addition, the Surrey County Challenge Cup in 1887 and 1889.

In the following year, 1886, we carried all before us, winning, in fact, all three challenge cups!

In speaking of the winter of 1885-1886, our thoughts are naturally directed to the great men who won us the Rugby Cup. Certain it is that more general interest, from whatever cause I know not, has been afforded to supporters of the Rugby code at Guy's than any other branch of sport; and this interest in no way abates, but rather increases. We win the Shield, the Tennis Cup, the Cricket Cup, and it is taken almost as a matter of course—but the Rugby Cup is a different affair. It is curious how only one or two lookers-on turn up at any match but the Rugby Cup Ties. Here the stranger can appreciate the keen enthusiasm which each man shews for his Hospital, and who can convey to those who have never witnessed a Cup Tie the intense excitement, the loud cries of the victors, the despairing looks of the vanquished! With feelings akin to awe, I have searched for the old names, and hereafter tell all that can be gathered of the famous year.

As already mentioned, H. B. Marriott was captain of the Rugby team, H. J. Holman of the Association, and F. M. Russell was hon. sec. In the Inter-Hospital Cup Ties we defeated St. George's and St. Thomas's in preliminary rounds, and University College in the Final.

On the first occasion against St. Thomas's we drew, played them again and drew, and then met them in the semi-final and defeated them. The team was as follows: A. S. Taylor (back); H. M. Jordan, H. Cuff, C. J. Prime (three-quarter backs); G. H. Steele, F. M. Russell, or J. H. Bryant (half-backs); H. B. Marriott, J. D. Cruickshank, A. D. Fripp, C. D. Rygate, F. J. Nisbet, J. Swayne, J. Fawcett, T. O. Raw, and Atkinson (forwards). W. J. Scott also played in the semi-finals and finals. Of some of these men I have to say a word or two in the next issue of the GAZETTE, and of matters connected with the Cup.

At Association we defeated all our opponents in the Cup ties, and won the cup for the second time in succession. Thus we were holding for the first—but I hope not the only—time both Soccer and Rugger Cups, and when, in the following summer, Guy's retained the cricket Cup for the third time in succession the enthusiasm knew no bounds. The proud possessors of three challenge cups, wanting but the Shield to make the series complete! A most interesting photograph was taken at this time of the three successful teams and the cups. A copy of this —I believe the only one in the hospital—hangs in the commissionaire's room. Beneath this group some wag has written the words "When shall we three meet again?" Well, it seemed Guy's were very near it last year; how would it be if we did win the three cups now and retained the challenge shield? Look to it Guyites! Then, why not the tennis cup?

The Association team this season, 1885–1886, consisted of H. J. Holman (captain), E. J. D. Mitchell, George Mitchell, A. C. Roberts, E. W. Sharman, T. Lloyd Roberts, G. H. S. Daniell, S. Woodhams, Sturges-Jones, A. T. Brown, and H. B. Bolus. This was a very strong eleven. Ernest Mitchell, fresh from Cambridge, was a great gain; George Mitchell, for many years twelfth man at cricket; Sturges-Jones, then a forward; H. B. Bolus, one of the safest of goal-keepers, for which he obtained his "Blue" at Cambridge; and A. T. Brown, whose recent premature decease caused such widespread regret amongst his fellow-students.

I have already spoken of the success of the cricket club in the summer of 1886. Through the kindness of a member of the eleven I am enabled to give some of the results. Guy's played fifteen matches, not including cup ties; of these six were won, two drawn, and seven lost. We lost against the Surrey Colts, Crystal Palace, Bickley Park, Gravesend, Huntingdonshire, and Cane Hill Asylum. The clubs defeated were Pallingswick, Beckenham, Blackheath, West Middlesex, Mitcham, and Tunbridge Wells. Our lowest score, twenty-eight, was against Teddington, who also defeated us; our highest, three hundred and eight, against St. Thomas's in the final cup tie. In the cup ties we defeated King's, whose first innings produced three runs (two leg-byes), and second, twenty; St. Bartholomew's, St. Mary's, and in the final St. Thomas's. The runs scored on these occasions are best seen in a tabulated form.

			Guy's.	
	1st Innings.	2nd Innings.	1st Innings.	2nd Innings.
King's	3	20	116	—
Bart's.	40	50 (for 6 wks)	98	256
Mary's	59	56	162	—
Thomas's	136?	—	308	

The trophy winners were again W. J. Scott and C. D. H. Rygate. The victorious eleven consisted of W. J. Scott (captain), H. B. Bolus, J. H. Busteed, A. F. Clarke, F. Colclough, J. D. Cruickshank (a bowler up to county form), R. G. Hicks, E. J. D. Mitchell, J. H. Roberts, F. M. Russell, C. D. Rygate.

(To be continued.)

Corrigenda to last portion—

The cricket team in 1885 was H. B. Bolus, A. F. Clarke (to whom I am indebted for the correction), J. D. Cruickshank, A. D. Fripp, E. J. D. Mitchell, J. H. Roberts, F. M. Russell, C. D. Rygate, W. J. Scott, R. Thompson, and S. Wacher (captain). I have also to acknowledge with many thanks the information from Mr. G. S. Perkins that the Boxing club died an honourable death, being £16 in debt, which was cleared off chiefly through the generosity of the late Dr. Moxon and other members of the Staff.

CALENDAR OF COMING EVENTS.

Nov. 4.—1st XV. v. Kensington, at Wood Lane.
2nd XV. v. Kensington, at Honor Oak Park.
1st XI. v. Tunbridge Wells, at Tunbridge Wells.
2nd XI. v. Beckenham, at Honor Oak Park.
Guy's Hospital Debating Society.—Meeting at 7.30.

" 9.—Medical Prayer Union.—Address by F. B. Meyer, at 4.30.

" 11.—1st XV. v. Croydon, at Croydon.
2nd XV. v. Croydon, at Honor Oak Park.
1st XI. v. Luton, at Luton.
2nd XI. v. Old Cranleighans, at Honor Oak Park.
Physical Society Meeting.—"Vitalism." C. J. Harnett.

" 14.—Last day for applying to Registrar for form of Entry for B.S. Lond.

Birth.

CALDECOTT.—On October 18th, at the Grove, Jersey, the wife of Charles Caldecott, M.B., B.S. Lond., of a son.

Guy's Hospital Gazette,
NOVEMBER 18, 1893.

CLINICAL LECTURE ON THE COMPLICATIONS OF CHRONIC PURULENT OTITIS MEDIA.

By Mr. W. Arbuthnot Lane.

Gentlemen,—I will first call your attention to the following points in the anatomy and relations of the middle ear which are of vital surgical importance. Some of them till recently have either not been observed, or have been described falsely or imperfectly.

1. The normal structure of the mastoid process varies very considerably. In some cases it consists of dense bone, almost ivory-like in consistence, while in others it contains large intercommunicating spaces which extend into the flat portion of the mastoid bone behind the process to the articulation with the occipital bone, and which open into the antrum, being, therefore, in direct continuity with the cavity of the middle ear. Between such extreme conditions every variety of structure exists, and, I believe, that the several degrees of density or of cavitation of this bone are dependent upon purely physical conditions, such as strain exerted habitually upon the process of the sterno-mastoid or other muscles, consequent upon the occupation of the individual, or his antecedents, or upon the shape of the head, &c. These variations afford a very good illustration of a general physiological law, namely, "that the density of a bone, or of its several parts, varies directly as the amount of strain exerted upon it, or as the amount of pressure to which it is habitually exposed."* It has been customary with some surgeons to regard a very dense mastoid process as having resulted from a cellular condition, which they consider the normal one, by a chronic inflammatory process; but a very little consideration will enable you to see that such a sequence is obviously absurd, at least in the very large majority of cases, since the dense bone is perfectly normal in structure. These cancellated or cellular spaces being very small in the young subject, increase in size during the lifetime of the individual, provided that no mechanical factor, such as a laborious existence or a faulty attitude, interferes with their development: at the same time, one occasionally finds in a child a mastoid process containing very large spaces communicating with one another or with the antrum, and provided with thin papery-like walls.

2. The antrum is an oval-shaped cavity, whose outline varies in different subjects. Its wall is sometimes smooth, but it is usually irregular, being formed by small depressions between prominent columns of bone. It is situated entirely in the petrous bone, posterior and external to the middle ear, with which it communicates by means of an opening situated at the upper and back part of that cavity. This opening is above the level of the greater part of the cavities of the antrum and of the middle ear. The size of the aperture varies in different cases. Unlike the cells or spaces in the mastoid process, the antrum is developed in early life with the middle ear, and in size bears a more or less definite relation to it, of which it is practically a succulus or extension. I consider that its function is to secrete mucus which passes into the middle ear, and lubricates that cavity and its contents, after which it escapes into the naso-pharynx through the Eustachian tube. Owing to the position of the aperture of communication with the middle ear the antrum is always filled with its glairy, adhesive mucoid contents, only the overflow passing on into the tympanic cavity. The size of the antrum varies considerably in persons of the same age; but, as a rule, its length is about three-eighths of an inch, and its breadth and depth about one-fourth of an inch.

It is in very close relationship, above and behind, with the middle and posterior fossæ, from which it is only separated by thin layers of dense bone, and to a variable extent with the groove for the lateral sinus. Sometimes this groove is in immediate relation with it, while in other cases it is separated by a considerable interval.

I would point out here that the position of the lateral sinus as it grooves the temporal bone is very variable, but that, as far as operative interference is concerned, this variability need cause the surgeon no anxiety whatever, provided that he follows out the surgical measures which I adopt.

The antrum also bears an important relation to the superior petrosal sinus, into which its veins open, and this relationship varies also with the position of the lateral sinus.

The antrum lies immediately behind the posterior wall of the deepest part of the external auditory meatus. This relationship not very uncommonly results in the case of a chronic purulent otitis, in the development of a suppurative periostitis limited to this position of the meatus or spreading from it outwards through the meatus and forming an abscess which displaces the ear forward and points behind it.

The frequent tenderness and the occasional diminution of the lumen of the meatus, especially in its deepest part, which exists in association with chronic purulent otitis is, I think, due to the presence of inflammation in the antrum rather than in the middle ear, and is practically periosteal.

3. When the mastoid process consists throughout of dense bone, the antrum in the adult is often placed at a depth of about three-quarters of an inch from its free surface. In such cases, if the antrum be acutely influenced it may and frequently does produce an inflammation of the dura mater of either or both the fossæ, —which are only separated from it by a very thin layer of the petrous bone—without there being present any such

* The Results produced upon the Muscles, Bones, and Ligaments by the Habitual Exercise of Excessive Strain.—*Brit. Med. Jour.*, 1888, December 1st.

inflammation of the dense mastoid process as would be detected by pain on pressure, or by percussion of its surface. This is a point that cannot be too strongly impressed on your minds, for one has known only too often a medical attendant to eliminate from his mind the presence of antral complications because he does not find this evidence of inflammation of the mastoid process. The association of inflammation of the mastoid process with that of the antrum in the petrous bone is, therefore, purely accidental, and depends upon a peculiar structure of the former portion of the temporal bone.

4. When the mastoid contains cellular spaces of any size they are frequently in continuity with the antral cavity. Should the antrum become inflamed in such a case these cavities become inflamed at the same time and an inflammation or even a suppurative periostitis of the outer surface of the mastoid process may result at an early period. It is obvious that such a structure is less dangerous to an individual suffering from chronic purulent otitis, than is a very dense mastoid process, since it not only affords early evidence of deep-seated mischief, but yields a ready means for the escape of inflammatory products externally.

5. An important relationship is that of the canal for the facial nerve. It lies on the inner wall of the aperture of communication between the antrum and middle ear. It is usually contained in a bony channel, but occasionally the wall is partly absent when the nerve is covered by the mucous lining alone.

6. Surgically, I consider that the chief function of the membrani tympani is to prevent the evaporation of the secretions of the antral cavity and middle ear, and that it is a more important one than the transmission of vibrations, since complete removal of the membrane and ossicles does not prevent the patient hearing ordinary conversation with facility.

7. In chronic purulent otitis media the antrum increases in size by the absorption of its walls, so that it forms an enlarging cavity containing a pultaceous white material in which tubercle bacilli and other micro-organisms exist in abundance. When these accumulations of secretion become abundant and more or less dessicated, they have been dignified by the name "cholesteatoma," and they are sometimes spoken of as tumours. The character of the secretions in the antrum varies with the size of the communications of the antrum, the facilities for evaporation, &c. This cavity may be enclosed entirely in the dense bony texture of the petrous bone, or it may encroach on the mastoid bone, especially if the latter be cancellated or cellular in structure, or the intervening bone having been absorbed the dura mater may form more or less of its circumference posteriorly or less frequently superiorly. Such an antrum may produce inflammation of a cancellated or cellular mastoid process associated or not with a variable degree of inflammation of the dura mater in its immediate vicinity, and such inflammation may go on to suppuration and to the formation of periosteal and subdural abscesses.

When the mastoid is dense in texture the dura matral condition is unassociated with evidence of mastoid inflammation.

8. When an abscess has formed between the bone and dura mater, it may discharge its contents externally through the antrum and middle ear, through the mastoid bone, or through the foramen for the mastoid vein, or the arachnoid cavity in relation with the dura mater may become inflamed, or the inflamed dura mater may give way and pus may escape into the arachnoid cavity and produce a suppurative arachnitis. It is by no means uncommon for the contents of the abscess to escape in the manner first mentioned, and frequently without its being observed. I have, on more than one occasion, seen typical cases of subdural abscess suddenly relieved of their symptoms synchronously with a gush of pus from the meatus. This termination should not be counted on by the surgeon, nor, should it occur, ought it to prevent him from adopting radical curative measures. Again, the abscess may come into relation with the lateral sinus or the petrosal sinus when it may set up a septic phlebitis which will in all probability terminate fatally if not treated actively. The lateral sinus may, however, form part of the wall of an abscess cavity for a long period of time without any thrombosis of its contents ensuing. The symptoms which are produced by inflammation of the dura mater depend largely on the area of this membrane which is involved and upon the degree of the inflammatory process.

By far the most important symptom—in fact, the only reliable one—is deep-seated unilateral headache of varying intensity, limited to the immediate vicinity of the mastoid process, or, if more general, radiating from it. The temperature is raised more or less if there is suppuration and if the area of dura mater involved is large, or the process very intense, optic neuritis may be present, especially if the abscess be in the posterior fossa.

In the very large proportion of cases septic phlebitis results from an infection of the lateral sinus by means of an abscess involving its outer wall, therefore the symptoms of septic phlebitis are usually superadded to and follow upon those of inflamed dura mater and the formation of a subdural abscess, namely, the local radiating headache. The only characteristic symptoms of this condition are repeated, irregular, rapid variations in temperature which in many cases produce definite rigors.

Consequent upon the antral inflammation an abscess may develop in the cerebellum or temporo-sphenoidal lobe. Possibly this may be produced by a septic thrombosis of the superior petrosal sinus the process extending distally to the cerebral and cerebellar veins which open into it, and which draw their supply of blood from the portions of the brain adjacent to it. The only complication of chronic middle ear disease which we, as surgeons, cannot at present meet effectually is a septic basic meningitis, which results from an infection of the pia mater and subpia-matral tissue, probably by an

extension of the inflammatory process along the sheath of the seventh pair of nerves.

We all know how difficult, if not sometimes impossible, more especially in the young subject, it is to distinguish in its early stages a basic meningitis from a septic arachnitis due to the escape of pus from an abscess between the bone and dura mater, or from an abscess in the brain into the arachnoid cavity, or again from an inflammation of the membranes consequent upon the presence of a large subdural or cerebral abscess; therefore, in any doubtful case the patient should be given the benefit of operative interference without a moment's hesitation.

I have known a case of subdural abscess complicated by symptoms indicating the presence of extensive inflammation of the arachnoid cavity of the posterior fossa, clear up and recover after the subdural abscess had been thoroughly evacuated, so that one should not hesitate to operate on any case, however advanced and hopeless it may appear.

I would urge upon you the very great importance of treating surgically all cases of complicated chronic purulent otitis media if they do not yield to milder measures.

The patient may not only suffer from the depreciation or destruction of the hearing capacity, from a discharge whose smell is often very offensive, from the occasional formation of polypi, from facial paralysis, from recurring attacks of hemicrania of varying intensity, from similarly recurring attacks of pain and tenderness over the mastoid process, and from deep-seated pain in the ear and other well-known complications, but he is also exposed to risks which are not generally ascribed to middle ear disease. We know that tubercular lesions of the several parts of the body are generally preceded by simple inflammations due to traumatism, and that tubercle then finds a suitable nidus in and spreads from the inflammatory focus. Not only is this traumatic causation observed in such conditions as tubercular disease of the spine, hip-joint, &c., but a very large number of cases of tubercular meningitis give a history of traumatism which is as clear and definite. Anyone who sees many cases of tubercular disease in young life cannot but be struck by the frequency with which such condition is associated with chronic purulent disease of the middle ear.

Again, we have not only to consider that the enlarged antrum, stuffed with caseous material, is a large nursery in which not only tubercle bacilli are cultivated, but also many other forms of micro-organisms which may effect an entry into the body when the vitality of some part of it is depreciated by injury or disease—as for instance, in the cases of ulcerative endocarditis, septic osteomyelitis, rheumatoid arthritis, and many other similar conditions; but the absorption of the products of decomposition from this foul cavity quietly but certainly affect enormously the general health and comfort of the individual. Perhaps this is not more than one would imagine from the intensely foul character of the contents of the antral cavity.

9. Now, as regards the surgical treatment to be adopted in any form of chronic purulent otitis media, when it has been decided to interfere surgically, it is necessary to perform the operation of antrectomy, or removal of the enlarged antral cavity. If the condition of the antrum be associated with subdural abscess, still more bone must be removed, and the abscess cavity cleared of its contents. If a cerebral or cerebellar abscess be suspected, these portions of the brain can be explored and drained through the same opening in the skull, and if septic thrombosis of the lateral sinus exists, after tying the internal jugular vein in the neck, the sinus can be opened and cleared of its contents through the same opening in the skull. In some few cases pyæmic symptoms may complicate chronic middle ear disease without the lateral sinus being involved in any subdural abscess. In such cases the petrosal sinus or one of its radicles in the petrous bone is probably the seat of septic thrombosis. What I wish to impress on you is that it is only necessary to make one wound in the head either to remove the antrum, which is of necessity the first stage of all these operations, or to meet any of the complications which may arise from it.

10. The operation of antrectomy consists in hooking the ear forward, in exposing the surface of the mastoid process and the lower and back part of the squamous bone, in defining the posterior and upper margin of the external auditory meatus, in removing the mastoid process with gouges and mallet, hugging the posterior wall of the meatus till the antrum is reached, in taking away the whole antrum, bevelling down the edges of the resulting bony cavity, increasing the size of the communication with the middle ear by removing the bone forming its outer boundary, clearing the middle ear, and fastening in drainage-tubes. Should the dura mater of either fossa or the lateral sinus be exposed, it is a matter of no moment whatever. If inflammation of the dura mater of either fossa be suspected, by the removal of more of the mastoid or squamous bone either surface of the petrous bone can be thoroughly explored, and through the dura mater so exposed the cerebrum and cerebellum can be needled. If an abscess is found it can be best drained through this situation. If there is septic thrombosis of the lateral sinus, after the internal jugular vein has been treated, the sinus is opened, and if full of clot that portion nearest the heart is removed first, and then the distal clot, tampons of iodoform gauze and iodoform being rapidly introduced into and over the open sinus. If there is but a very superficial thrombosis, the clearing away of what thrombus exists must be done with some skill and rapidity. In such cases of pyæmia as are not produced by septic infection of the lateral sinus, but probably of one of its radicles, the sinus must be split up and plugged, as in the condition immediately preceding.

Out of eleven cases of septic thrombus for which I have operated I have lost only two, one of which was due to extension of the thrombus to the cavernous sinus. It seems to me that the virulence of the septic process varies within wide limits. This is probably due to differences in the organisms which bring about the thrombosis.

SUTURE OF THE BLADDER IN SUPRA-PUBIC LITHOTOMY.

In the GAZETTE for January 14th, 1893, I recorded two cases of supra-pubic lithotomy in which the wound of the bladder was sutured, and only a superficial drainage-tube used. Both these cases were children under six years of age, and the rapid convalescence (in fourteen days) was doubtless due in some extent to their age. The following case seemed worth recording as presenting many more difficulties than are usually met with in young patients.

J. M., aged 60, consulted me in April, 1893, for intense pain on micturition and hæmaturia. Micturition very frequent (every hour during the day), and the pain was so great that life was a perfect burden. Patient was a powerfully-built man, with a very fat abdomen: weight, sixteen stones.

On April 13th, the bladder was sounded, and after some time a calculus was detected. At this stage hæmorrhage from the urethra was profuse. Lithotrity was first attempted, but owing to enlargement of the prostate manipulation was rendered very difficult, so it was decided to perform supra-pubic lithotomy.

The bladder was distended with about eight ounces of mercury perchloride solution, 1 in 3,000—this antiseptic being used on account of the foul state of the urine. No more than this quantity could be injected. No rectal bag used.

The only difficulty met with in reaching the bladder was due to the great amount of fat in the abdominal wall (about one and a half inches), making the wound deep and interfering with manipulation. The bladder was opened vertically, and six calculi, each as large as a marble and composed of uric acid, were extracted.

The interior of the bladder was very irregular, the mucous membrane falling in folds; the prostate was enlarged, surrounding the urethra, and bleeding freely when touched. A large cyst, situated above the urethra, and probably of prostatic origin, was burst by the finger and its wall thoroughly scraped, some portion of the prostate being removed at the same time. The bladder was freely irrigated with mercury solution, and then the incision through its wall sutured as carefully as possible—but with great difficulty on account of the depth—with five interrupted silk sutures passing through the muscular coat only. A small drainage-tube was passed down to the wound in the bladder, and the abdominal incision closed by two layers of sutures, one uniting the recti, the other the skin and fat. A soft catheter was passed into the bladder and retained by a wire suture passed through it and the prepuce. [NOTE.—I have found this to be the only mode of tying in a catheter with which the patient does not interfere.]

The progress of the case was rapid. A little urine leaked through the drainage-tube after the withdrawal of the catheter on the fourth day, and this caused a little suppuration in the surrounding fat.

The patient passed urine himself on the thirteenth day; he could pass it on the fourth day, but on account of forcing a little through the drainage-tube he was not allowed to do so. He was sent home on the sixteenth day, wound healed by primary union, and a very small sinus in the situation of the drainage-tube. This sinus healed up and subsequently opened to allow a silk suture to come away, but at the time of writing the patient is perfectly well, and has a sound scar without any tendency to hernia; he can retain his water for six or seven hours, and has no difficulty whatever in passing it.

The progress of this case has quite justified the method of operating. It is perfectly easy to reach the bladder without distension of the rectum and with only slight distension of the bladder, provided that in cases of difficulty a sound is used. Suture of the bladder is only a question of manipulation, and certainly shortens the period of convalescence; but, if the bladder is sutured, it is necessary to first thoroughly cleanse the interior by irrigation, and to see that no foul urine subsequently is allowed to remain in the bladder. It is usually said that the bladder should not be sutured in adults, but there was not very much difficulty in this case, and the result shewed that recovery was much more rapid and the scar much firmer than in cases where the supra-pubic wound is allowed to close by a painfully slow process of granulation, with its attendant constant dribbling and frequent change of dressings.

ALFRED PARKIN.

Albion Street, Hull.

CASE FOR DIAGNOSIS.

The patient is a somewhat emotional, fairly nourished, but rather anæmic girl, aged 17, with dilated pupils. The history she gave is that six weeks previously, while at work, numbness came on suddenly in her hands and in her legs up as far as the knees, and she was unable to either walk or stand, but rolled over sideways. She was taken home and gradually improved, so that at the end of a month she could walk well, and was able to return to her work. The symptoms recurred a fortnight ago.

When examined, she is found to have marked paresis in her legs; there is no wasting in the muscles, and their electrical condition is normal. The knee-jerks are normal. Sensation to touch on the feet is defective. Her gait is extremely unsteady; she is giddy, and this is less marked when one eye is closed. She has diplopia, with nystagmus when she looks laterally and upwards. There is no marked loss of muscular sense in the hand muscles. Sensations as to heat, cold, and pain, are normal.

After remaining in bed a week, she was able to stand without assistance, but swayed from side to side, and when she attempted to walk she staggered about greatly. The diplopia disappeared, and sensation to touch was appreciated slowly, but not otherwise abnormal.

The diplopia soon recurred, and when she passed from under observation three weeks later, she still staggered about when she attempted to walk; she swayed from side to side when standing still. There was marked diplopia, and deficient muscular sense in the forearm and hands.

NOTES ON A CASE OF REYNAUD'S DISEASE.

J. L., Master Mariner, Maryport. Six years ago, patient was attended by me for sciatica, which apparently got all right, as patient did not return.

Having occasion to attend his wife for hepatic carcinoma, I was asked to speak to the husband, whom I found in bed, where he had lain for three years, apparently without treatment.

I elicited that shortly after the sciatica he commenced with pain in fingers, which were cold, pallid and intensely painful. After some time (period uncertain) the legs were attacked, and after three years he had to take to his bed, from which he has never risen.

PRESENT CONDITION.

Legs.—In a condition of hypertrophic dermatitis: *Right*, gangrenous and dark coloured; all toes of foot sloughed off. *Left*, in a state of epithelial desquamation; exudation underneath. Both legs and knees are cold, and the vessels are plugged up.

Feet.—Both hyperæsthetic; swollen.

Arms.—Right. Senile atrophy of skin or shrivelling from disease; dry gangrene; no pus.

Has control over sphincters.

Appearance.—Looks well; rational. There is a little paralysis agitans, and a little chronic bronchitis. Not much pain now.

Treatment.—None.

Legs and feet wrapped up in cotton wool, mainly to absorb the exudation.

Remarks.—Is the neuritis the cause or the result of this disease?

Would injections of nitro-glycerine subcutaneously do *any* good now?

W. H. SPURGIN.

7, Graingerville,
Newcastle-on-Tyne.

SHORT SAYINGS OF GREAT MEN.

Wasting is so marked a feature in cardiac disease in children that they are often brought for treatment for "consumption," *i.e.*, wasting.

In cases of necrosis there is one remedy of great value, and that is patience. Infinite harm is done by premature interference.

There is not a single child in London which would not be the better for being sent into the country.

Hospital News.

IN THE SURGICAL WARDS.

UNDER MR. HOWSE.

NAAMAN 13.—J. H., 54, admitted November 3rd for swelling of left testicle. Patient had rheumatic fever twelve years ago. About five years ago he first noticed that the left testicle was larger than the right; it did not give him very much trouble at first, but it gradually increased in size, so that two months ago he had to give up work. About a month ago the scrotum was tapped, when about "three pints" of a dark liquid "of the colour of blood and stout" was drawn off; eight to ten days after the scrotum was again tapped, the liquid drawn off being of a straw colour; the scrotum was again tapped last week, the liquid drawn off being much the same as it was the time before. After each tapping the scrotum diminished considerably but did not regain its normal size.

On admission.—The left half of the scrotum was enormously swollen, the right half being normal. The swelling was hard and globular, measuring fourteen inches in circumference. At the lowest part of the swelling was a thickened portion of skin, rather redder than the surrounding surface, showing the spot where the scrotum was tapped. The swelling fluctuated, and the skin over the surface was freely movable. The position of the testicle could not be made out by examination, nevertheless, it was located by the patient at the back of the scrotum, since he felt the testicular sensation when that part was touched; there was no translucency of the scrotum and no impulse on coughing. The veins on the suface of the scrotum were engorged, and the lymphatic glands of the groin slightly enlarged. There was a slight dulness over the apex of the right lung. Patient has suffered very much from night sweats.

November 7th. *Operation.*—Under chloroform the scrotum was tapped, when half a pint of a reddish-yellow turbid liquid came slowly away. An incision six to seven inches long was made through the integuments from the top to the bottom of the scrotum; the central part of this incision was carried deeply into the substance of the swelling, which was of a dark brown spongy consistence, the interstices being filled with fluid similar to that drawn off at first; this substance was much firmer at the circumference than at the centre, and could be torn off as if from a capsule. The tunica vaginalis was then dissected off right up to the cord which was ligatured and cut, the whole tumour being thereby removed. The other testicle could then be seen, shut off from the cavity by its own tunica vaginalis. All bleeding points in the interior of the scrotum being secured, a drainage-tube was inserted, and the wound stitched up and dressed. On making a longitudinal section through the tumour, the testicle was found at the back, the body to all appearances being normal; in the epididymis, however,

were one or two small growths the nature of which has not yet been ascertained. The great mass of the tumour was composed of old altered blood-clot, the wall was about a quarter of an inch in thickness. The diagnosis of this case rested between hæmatocele and cystic sarcoma; against the former were the facts that no history of injury or of the previous tapping of a hydrocele could be obtained; against the latter were the history of five years, together with no obvious signs of secondary growths. (*Vide infra* cystic sarcoma, under Mr. Davies-Colley).

UNDER MR. DAVIES-COLLEY.

LUKE 12.—E. C., 37, married, collector and canvasser, was admitted for an enlarged scrotum, November 9th. There was no history of tumour of any sort in his family. He has had a soft chancre in 1880, but no history of hydrocele or injury to the scrotum. In July, 1892, patient first noticed that his left testicle was swollen. It was not painful, and, therefore, caused no inconvenience. In about three months the testicle had grown to twice the size, and it had become painful. The pain subsided, and during the following ten months the testicle continued to enlarge, painlessly. Since August the pain has returned, and during the last four weeks there has been an enormous increase in size.

On admission.—The scrotum was found enormously enlarged, measuring about six inches in all directions. The skin over it was red, tense, clammy, and traversed by numerous large veins, containing much dark-blue blood. It was freely movable over the subjacent tissue. The tumour itself was not translucent; there was no impulse into it on coughing. It was hard: in some situations tense, but fluctuating in others. The neighbouring glands were not enlarged, but the cord was thickened.

It was diagnosed as a sarcoma, into which there had recently been effused some blood. Patient was put under ether, and the testicle removed. A great many hypertrophied arteries were tied and cut, and the cord was ligatured. The cremaster muscle was enormously hypertrophied. On examining the tumour, by cutting into it, a quantity of chocolate fluid and a raspberry-creamy substance escaped. In some parts the tumour substance was hard and gritty, in others soft and semi-fluid.

LUKE 19.—J. W., 44, carman, was admitted into the Hospital for an ulcer on the neck November 9th. There was no family history of tumour. About Christmas, 1892, patient first noticed on the inside of his left cheek, close to the angle of the mouth, a rough ulcerating patch, which he attributed partly to his habit of biting his cheek during mastication, partly to a clay pipe he was smoking then. Finding it would not heal, and that it became hard, he attended to the Metropolitan Hospital as an out-patient during five weeks. He was admitted into the hospital at the beginning of March, and the ulcer was removed. The wound healed slowly, and about six weeks after the operation an enlarged symphysial gland was removed. Three months ago he noticed a small hard swelling under the left jaw, which grew upwards on to the cheek, and three weeks ago began to ulcerate.

Condition on admission.—An ulcer about the size of a crown-piece, larger at its superficies than at its base by about half-an-inch, was found in the neck, just at the junction of the horizontal and vertical rami of the lower jaw. Its edge was everted and indurated, and the surface covered with pink, firm granulations and yellow specks. It was not very adherent to the subjacent tissues. A gland behind the ulcer was enlarged, and another below the symphysis of the jaw.

Treatment.—The epitheliomatous ulcer and the enlarged glands were completely removed, and the wound dressed with iodoform, double cyanide and carbolic gauze.

UNDER MR. LANE.

Four Cases of Appendicitis.

JOB 15.—B. G., æt. 29, lighterman. Admitted September 15, complaining of pain in the right iliac region.

History of illness.—Patient first complained of pain on August 11th, about three weeks before admission. He got worse during the day, and was taken home in a cab. He was at home for a fortnight, the pain gradually diminishing in severity. Patient described pains as causing him to "roll about in bed." The bowels were never confined, but only slime was passed. Since the first attack, patient has suffered in the same manner during intervals of rest. The pain was located as follows: Commencing at a spot just external to the crest of the pubes, it extended gradually up the right side, and slightly across the back, until it finally reached a spot in the nipple line under cover of the ribs.

Condition on admission.—A dense oblong mass, firm and resistant, was felt, deeply placed, and extending from above the middle point of Poupart's ligament obliquely outwards and upwards to a point opposite the umbilicus. There was tenderness on pressure over the swelling.

Treatment and progress.—Patient was kept in bed quiet for some days. He occasionally complained of a dull pain, and on the 28th September the pain was sharp on manual examination of the swelling, which was found to be reduced in size. Patient's bowels were kept open by repeated doses of Ol. Ricini. The temperature remained slightly above normal. Patient later continually had attacks of pain, sometimes three or four times a day, and more or less severe, until, on the 23rd October, Mr. Lane decided to operate for perityphlitis. A.C.E. was administered, and the part having been shaved and well washed with 1 in 20 carbolic, an oblique incision was made from above downwards and inwards over the swelling, about four inches in length. The peritoneal cavity was opened on a director; there was no pus. The appendix vermiformis was with difficulty exposed behind the cæcum, and was found to be dilated and hypertrophied at the cæcal extremity; two openings were found in it, one above the other, leading into two separate abscess cavities, which were situated between the appendix and the cæcum. There was no communication found between the proximal end of the appendix

and the cæcum, the latter being slightly thickened. Two silk ligatures were passed round the proximal end of the appendix, the latter being removed by cutting between the ligatures. The peritoneal and muscular layers were successively stitched together with continuous silk sutures, and then the wound stitched with continuous horsehair suture, and dressed with cyanide dressings, and a spica put on. Since the operation patient has almost recovered, and is quite free from pain. Patient is now up (November 13th), the wound having quite healed.

JOB 25.—Archibald Q., 9. Admitted for limping of the right leg, October 9th. There was no history of previous illness other than those common to childhood.

History of present illness.—In the beginning of May last patient complained of pain in the right iliac fossa, which came on suddenly, like the "stomach-ache," on getting up in the morning. About a week after the onset he was seen by a doctor, who ordered him to bed, and poultices to be applied. The pain increased on pressure and extended to the front and outer side of the thigh in its upper part. He lost all pain about a fortnight after getting up. The mother thought there was a swelling, and noticed patient's limping, for which she brought him up.

Condition on admission.—There was no pain on pressure in the right iliac region, or on movements of the head of the femur in the acetabulum. There was a large swelling, hard and not adherent, extending beneath Poupart's ligament, probably on the surface of the Psoas muscle, and deep to the external iliac artery, which could be felt pulsating over it. The swelling was thrown into relief when patient's leg was drawn up against the observer's hand; it only occasioned pain on walking, when the patient limped slightly.

Diagnosis.—Mr. Lane decided to keep patient under observation for appendicitis.

Treatment and progress.—Patient's general condition improved, first on milk and then on farinaceous diet (October 16th). The swelling underwent no change, and there was no return of pain; movements of hip-joint remained quite free. Temperature about normal, the highest point being 99·2°. A slight chest complaint was successfully treated with Mist. Oxymel Co. ʒij. 4tis horis. Mr. Lane decided to make an examination under an anæsthetic on October 25th.

Operation.—A.C.E. was administered, and Mr. Lane opened the abdominal cavity by an obliquely directed incision and immediately exposed the appendix vermiformis lying coiled on itself behind the cæcum. It was slightly thickened, and Mr. Lane decided to remove it. The distal end was freed by cutting through the meso-appendix; the vessels in this were then ligatured by a circular silk ligature carried round the meso-appendix, and the appendix itself was then ligatured in two places with silk at its cæcal extremity, and then removed. The serous and part of the muscular layers of the cæcum were then drawn together by a Lembert's suture, so as to completely occlude the impression left by the remains of the appendix. This threw the peritoneum into two longitudinal folds, which were each stitched with a continuous horsehair suture, so that the surface of the cæcum was left quite smooth. The peritoneal, muscular and cutaneous layers of the body-wall were separately stitched together by continuous horsehair sutures, and cyanide dressings put on.

On opening the removed appendix, it was found to be full of *ascaris lumbricoides*, a cause probably sufficient to account for the train of symptoms in the case.

JOB 17.—F. G. S., 17, hairdresser, admitted October 21st, for swelling in the right groin.

History.—Patient had pain in right groin about four weeks previous to admission; a week later he noticed a swelling. Iodine and then belladonna were applied successively to the swelling, but without benefit. On the 20th patient rapidly got worse, with severe pain, and was brought to the hospital.

Condition on admission.—Patient had a hard tense swelling in the right groin, three inches in circumference; it occasioned great pain; not fluctuating and not adherent. *Urine*—clear, straw-coloured; sweet; sp. gr. 1019; acid; no albumin; no sugar; temperature 101°.

Diagnosis.—Acute peritonitis, necessitating prompt treatment.

Operation.—October 22nd.—A.C.E. was administered, and Mr. Lane made an incision over the swelling, about three and a half inches in length, through the abdominal muscles. Dense fibrous inflammatory tissue was reached, and dissection was proceeded carefully with in this mass by means of a blunt dissector. Mr. Lane opened an abscess cavity from which about ʒj pus was evacuated. A second cavity in close connection with the first was opened, containing about ʒij of pus, and, in consequence of the large amount of fibrous matted material present, Mr. Lane decided to desist operating, as it seemed impossible to reach the appendix, which was not disturbed. A medium-sized drainage-tube was then inserted and the wound stitched together in the usual manner and Iodoform dressings put on.

Further treatment and progress.—October 23rd.—The wound was syringed out with Hyd. Perchlor. (1 in 2000) and dressed again. It looked healthy and was healing up well. Patient was ordered I.M.H. gr. ¼, 6 p.m. and Tr. Opii. ɱ tij, Aq. ad. ʒj 4tis horis. Temperature, 101·2°. Pulse, 80-90. Diet, beef tea.

30th.—The wound syringed with Hyd. Perchlor. daily and Tr. Opii. still administered. Temperature, 98·2°. Diet, custard. Pulse, 64-80.

Nov. 7th.—There has been a slight discharge from the wound; it was syringed again with Hyd. Perchlor. and dressed with iodoform and salicylic wool. Temperature, normal. Diet, farinaceous.

13th.—Patient has almost recovered; he is allowed to get up in the evening, and the wound has healed by first intention. Full diet.

LYDIA, 15.—S. G., æt. 26, dressmaker. Admitted October 22rd, for pain in the right iliac region. There

is nothing of importance with regard to previous diseases of the patient, except that she has suffered habitually from constipation.

History of present disease.—On last Good Friday patient received a severe blow in the abdomen, a week after which she felt sick, and went to bed for three days. A doctor attended her, and ordered some liniment to be rubbed in. This did not cure her however, and she was violently sick and had great pain in the abdomen. On three occasions since patient has been sick, with pain of an intense nature in the right iliac region. The last attack began at 10 a.m. on October 9th, when patient was in great pain, and was again sick at 7 p.m., the attack lasting until 9 a.m. the next day.

Condition on admission.—There is slight fulness in the right iliac region, and on pressure at a spot about the middle of this region there is great tenderness. A swelling, a couple of inches in length, and resembling a penholder, can be felt lying obliquely in the fossa.

Diagnosis.—Mr. Lane thought the case one of recurrent appendicitis, and decided to operate.

Operation.—October 30th. A.C.E. was administered, and the skin over the iliac region well washed with 1 in 20 carbolic. A curved incision was made in an oblique direction downwards and inwards over the thickenin and about three inches in length. The peritoneal cavity was opened on a director; no pus escaped. A piece of healthy colon extruded, and this was pulled gently out of the wound, and the appendix sought for on the posterior aspect. Here a longitudinally directed cord-like structure was found involved in some fibrous adhesions. This was at first thought to be the appendix, but on Mr. Lane separating it carefully with a blunt dissector, it apparently consisted of fibrous material only. The original incision was further extended to the extent of an inch or so and the iliac fossa explored. On the posterior aspect of the gut some masses of adhesions were exposed and others existed in the fossa. There was also some cicatrization, and thinking some of the masses to be probably enlarged glands, Mr. Lane was of opinion that the trouble was due to tubercular affection. Further, covered entirely by peritoneum and extending into the fossa, was a pencil-like structure, which was thought to be the appendix. If this was the appendix, it was certainly in a perfectly healthy condition, and obviously there was no need of further operation. While separating the fibrous adhesions, Mr. Lane exposed a small cavity which had no great extent and contained no pus. The thickened and inflamed condition of the bowel made it probable that there was some ulceration of the mucous membrane. A portion of the matted tissue on the back of the cæcum was sutured to the surrounding peritoneum, so that if further trouble ensued, this part would be directed towards the wound, and a plug of iodoform gauze being put in, the peritoneal and muscular layers were sutured as usual. The wound was closed with a continuous horsehair suture and dressed with antiseptic dressings, and the patient sent back to bed.

Further treatment and progress.—Patient was sick during the night of the operation. Temperature not above 98°. There was no indication of inflammation about the central part of wound, and on November 9th the stitches were taken out; the central portion granulating up well.

November 15th.—The central portion only is dressed, and patient is doing very well. Temperature quite normal.

IN THE MEDICAL WARDS.

UNDER DR. GOODHART.

PHILIP 14.—F. R., 23, a clerk, was admitted on October 29th for inability to walk. Family and personal medical history good; no history or evidence of venereal disease.

When admitted, he could not walk without considerable difficulty, the gait was ataxic in character, and there was a tendency to fall. He says that twelve months ago he felt great fatigue after walking a short distance, and this has been gradually increasing up to the present time. His friends also noticed a change in the voice about the same time.

An examination of the nervous system gives the following results:—

(1) Paresis of the left arm.
(2) No anæsthesia.
(3) Knee-jerks exaggerated. Ankle clonus well marked in both legs.
(4) The extensors and interossei of the left hand and arm slightly wasted, otherwise no trophic change.
(5) Eyes react to light well, and accommodation unimpaired. There is slight nystagmus in the vertical and horizontal planes.
(6) Electrical reactions normal.

Speech is a little thick, and there is a tendency to run one word into another. He writes with great difficulty, forming the letters very slowly, and with an unsuccessful effort to keep them even.

Diagnosis.—Insular Sclerosis.

Treatment.—Pot. Iod. gr. v.
Liq. Hydrarg. Perchlor. ɱ. 80.
Inf. Quassiæ ad. ʒj. ʒj. t.d.s.
Also injections of Liq. Strychninæ ɱiij.

Diet.—Full.

MARY 16.—E. K., 39, lavatory attendant. Was found unconscious, and brought into the Hospital on October 28th.

On admission.—Temperature, 102·4°; respiration, 20; pulse, 124. The patient lay in a semi-conscious state, muttering to herself, but apparently understanding what was said to her. The tongue was moist and covered with a thick yellowish fur; the breath was offensive and hepatic. The abdomen was white, full and tender. The liver extended from the fifth intercostal space to a line about midway between the margin of the

ribs and the umbilicus, and felt hard and lumpy. The area of splenic dulness was also much increased. There was no ascites. Râles were heard at the base of the right lung and in the left axilla. The urine was dark in colour, of a high specific gravity, and contained a small quantity of bile, but was otherwise normal. The arms were rigid, knee-jerks absent, ankle clonus not obtainable.

When first admitted, the absence of any history and the presence of a large hæmatoma on the scalp, with numerous bruises on the arms and trunk made it difficult to arrive at a diagnosis. It was suggested that it might be a case of cholœmia. However, it was subsequently ascertained that the patient had felt ill for some days previous to the attack, and that, though she was not an habitual drunkard, she was accustomed to take large quantities of alcohol during the day. Dr. Goodhart had no hesitation in saying that her illness was caused by long-continued alcoholism. She is now (November 11th) much better. The tongue is clean, and the eyes bright and intelligent, but the speech is still a little thick.

UNDER DR. HALE WHITE.

MARY 10.—Acute Nephritis.—M. C., æt. 22. Admitted October 25th, for swelling of legs and headache. Her illness began nine days previously with headache and shortness of breath. Two days later she noticed swelling of face, eyelids and feet.

On admission.—Temperature, 99·8°; pulse, 60. The face and eyelids are puffy, the legs and feet very œdematous. Urine pale, sp. gr. 1025; albumin ·5 per 1000; no blood; urea 2·2 per cent. Eyes normal. She has gradually improved; the œdema soon disappeared, and the urine now only contains a trace of albumin. The quantity of urine has varied between 8 and 48 ounces, the sp. gr. has been 1014—1030; the albumin has greatly diminished; blood has been found on only a few occasions, and then only in traces. The treatment has been rest in bed, farinaceous diet, and Pulv. Jalapæ Co.

MARY 3.—Acute Nephritis.—E. B., æt. 17. Admitted October 16th, for sickness and sore throat. Illness commenced eighteen days ago with sore throat and swelling of face and hands; five days later vomiting began, and she brought up everything she took; this has persisted. A week ago she noticed her urine to be dark in colour.

On admission.—She is very anæmic. There is no marked œdema anywhere. Urine smoky, contains blood, sp. gr. 1005, contains a large amount of albumin, urea ·8 per cent. Pulse hard, 79 per min. Accentuated second sound in pulmonary area. Temperature 99° F. Patient has been sick nearly every day since admission. She has improved somewhat, but the blood has not yet disappeared from the urine. The amount of urine has varied between 10 and 40 ounces, the sp. gr. has been low, usually 1010, the albumin has varied between ·5 and 4 parts per 1000, and the urea has averaged 1·2 per cent.

MARY 9.—Gastric Ulcer.—L. A., æt. 21. Admitted October 24th, for pain in stomach and weakness. Her illness began two months ago with vomiting, which occurred usually after meals, once or twice a day. She also had pain in the chest after meals. This continued for about a fortnight, during which, on one occasion, she brought up about a pint of dark blood, mixed with food. After this the motions were black for about a week. The vomiting then ceased, and she had a great deal of pain, and she also suffered from shortness of breath on exertion, buzzing in the ears, headache, and swelling of the feet. She gradually got weaker, and on two occasions during the week preceding admission she has again passed black motions.

On admission.—She is very anæmic, breath very foul, sordes about lips; there is great tenderness over the cardiac region, and also over the abdomen, which is held very rigid. The impulse beat is in the sixth space, ½in. outside nipple-line. There is a loud apical systolic murmur, which can be traced round to the angle of the left scapula. Pulse 84, rather soft and compressible; urine normal. She has not been sick at all since admission, and she has only had one or two attacks of pain.

Treatment.—Mist. Bism. et Morph. ʒj. t.d.s., milk ʒiij. 2ndis horis, increased on November 8th to ʒv. 3tis horis, and on November 11th to ʒv. 2ndis horis, with three eggs per diem.

STEPHEN 26.—Acute Nephritis.—D. J., æt. 34. Admitted October 24th; present illness began eight days ago, with severe pain in the stomach, which persisted for three days. On the morning of October 22nd, he found that his eyes, face, neck, chest, abdomen, and legs were much swollen. He has also had pain in the loins.

On admission.—Temperature, 99·2°. Patient rather pale, eyes puffy, legs œdematous, chest barrel-shaped, breath-sounds harsh. Heart's impulse cannot be felt, sounds normal, but faint. Pulse, 60; slightly high tension. Urine albuminous, ·5 parts per 1000. He rapidly improved, and the albumin had quite disappeared on November 13th. The œdema soon cleared up, and he appears quite well. He has passed about 45 ounces of urine per diem of sp. gr. 1012-22; the amountof urea has been low, averaging 200 grains.

STEPHEN 31.—Acute Nephritis.—S.W., æt. 36. Admitted November 5th; he dates the attack from a fortnight ago, when he caught cold, and he first noticed swelling of the face and abdomen four days before admission.

On admission.—Face, scrotum, penis, and legs swollen and œdematous. Pulse distinctly hard. Urine, sp. gr. 1014, acid, contains albumin and blood. Has slight bronchitis.

November 11th.—Œdema much less, urine contains ·5 parts per 1000 of albumin, averages 60 ounces per diem; blood still present.

STEPHEN 23.—Pleurisy.—J. B., æt. 10. Admitted October 18th, for pain in left side. There is no history of rheumatism or tuberculosis. His illness began a month ago, with pain in left side and general malaise. Soon after he developed a cough, and this and the pain have continued ever since.

On admission.—Temperature, 102°; pulse, 124; respirations, 36. Both sides of chest move equally. T. V. F. absent on left side in axillary and subscapular regions. A rub can be felt in the left axilla. Left lung is dull below the third rib in front, and is completely dull behind. There is slight dulness also at the extreme right base. Breath and voice sounds absent over the dull area. A rub can be heard on the left side, and is most marked just below the angle of the scapula. Heart normal.

October 24th.—There is a well-marked skodaic note over the left apex. The left chest was explored, but no fluid found.

November 2nd.—There is very little clearing up. The temperature remains high, ranging between 98·2° and 102° at different times of the day.

Dr. Hale White said that the absence of improvement, since there is no fluid, points to the process being tubercular.

STEPHEN 27.— Chronic Interstitial Nephritis.—G. L., æt. 74. Admitted October 23rd, for swelling of legs and scrotum, and shortness of breath. He has always been temperate, and for the last thirty years has taken no alcohol, except one and a half gills of Irish whisky per diem. Has been subject to gout since 1864, when he had his first attack. He had syphilis at the age of forty. Otherwise has always been active and healthy. Has been losing flesh slightly during the last two or three years. His present trouble began twelve months ago, when he began to feel ill and was very restless. This continued, and he suffered from slight cough at times, and also from breathlessness on going upstairs, etc. Three weeks ago his feet and legs began to swell, and shortly afterwards his scrotum also.

On admission.—Temperature, 97°; pulse, 90; respiration, 30. Considerable œdema of legs, scrotum and lower part of abdomen. Heart's impulse cannot be felt, sounds feeble and irregular. Pulse small and irregular. Dulness at right base behind, extending up to spine of scapula. Breath and voice sounds diminished over dull area. Urine high-coloured, acid, sp. gr. 1022, albumin present, urea 2 per cent. His chief trouble seems to be the dyspnœa and sleeplessness. He was given Pulv. Jalapæ Co. ʒss, and full diet.

On October 24th the right base was aspirated, and 76 ounces of clear fluid drawn off.

27th.—Dyspnœa very bad; breathing is approximated to Cheyne Stokes' type; patient rather blue and collapsed; pulse very weak and irregular. Sleeps badly.

31st.—Left optic disc slightly blurred at edges. Patient was put on Digitalis, and on November 7th the pulse was slower, regular, and hard. The Digitalis was then taken off, and a mixture containing Caffein Cit. grs. x, Tr. Nucis Vom. ɱv, Lq. Ætheris Nit. ɱxx, Decoct. Scoparii ad. ʒj 4tis horis was substituted for it. Patient also sits up a good deal, and seems to be much better for it, especially as regards sleep. The urine averages 20 ounces, sp. gr. 1020, and contains a small amount of albumin, and about 2 per cent. urea.

In Memoriam.

EDGAR BUCHANAN MARRIOTT

Was educated at the Merchant Taylors' School, passing thence to Clare College, Cambridge, where he graduated in Arts in 1890.

The early part of his medical career was passed in Cambridge, where he finished his Second M.B., and came up to Guy's in January of this year.

He held several of the minor appointments, and was dressing for Mr. Lane when he contracted diphtheria from a case which he had seen at Out-Patients. He was admitted into Clinical ward on October 27th, where he remained until his death on November 4th.

Throughout his illness he bore his sufferings with great fortitude, and everybody who came in contact with him was much struck with his lack of complaint and his resignation.

He was the younger son of Mr. R. B. Marriott, M.R.C.S., of Swaffham, Norfolk, himself an old Guy's man of forty years ago.

His loss has robbed those who knew him of a trusty friend, and his parents of a dutiful son.

M.

Too much could hardly be said in praise of Marriott's good qualities, amongst which may be mentioned his great forethought and consideration for the happiness of those with whom he came into daily contact. He loved his work, and was never to be found amongst the list of "idlers." All his work was thorough, and showed that he did not neglect details.

One of his chief delights was to get to some place where he knew he was likely to meet with success, to secure specimens of the rarer kinds of birds and their eggs. In this branch of natural history he was quite an adept, for he had made a study of birds, their habits and haunts. He was also very fond of chess as an indoor recreation, which he played with his whole thought concentrated upon the game.

In his death his friends have lost a true friend, and Guy's a most loyal member.

P.

GUY'S HOSPITAL RIFLE ASSOCIATION.

The Annual General Meeting of the G.H.R.A. will be held on Thursday, November 23rd, at four p.m., in the Anatomical Theatre.

AGENDA.

Presentation of Report for the Year and Balance Sheet.

Election of Officers.

Alteration of Rules.

All Guy's men are invited to attend, especially new Students who are willing to shoot for the Hospital.

H. FULHAM-TURNER,
Hon. Sec.

Passim.

We understand that a large number of the Fellows of the Royal College of Physicians are going to vote for Dr. Wilks, as President, in the place of Sir Andrew Clark, deceased, and that Dr. Wilks has stated that, if elected, he will accept the office. He is undoubtedly by far the most popular candidate, and we sincerely trust that every one of his numerous admirers among the Fellows will make a point of registering his vote for him when the day of election arrives. If this is done, Mr. Bryant will hardly have retired from the Presidency of the Royal College of Surgeons before another Guy's man becomes President of the Royal College of Physicians.

All students of Medicine, in whatever grade, and many other persons in all stations of life also, will feel personally the loss sustained last week by the Medical Profession, in the death of Sir Andrew Clark. Merited praise can never be too abundant, and we must add our mite to the wealth of eulogies heaped upon the memory of the late President of the College of Physicians by the Press on all sides. Each one of us must have had friends or relations who owed him years of happiness, or, in many cases, even life itself. One of the most admirable points in his life was the persevering way in which he, though an extremely delicate man, overcame every difficulty in his path until he arrived at a goal to which it is the fortune of but few to attain.

Through unavoidable circumstances there will be no "Smoker" this month. The next will probably be held on December 16th, but due notice will be given. Instead of the Smoker to-night, the Debating Society will meet, to hold wordy warfare on the subject of "Strikes," Mr. C. P. Higgins being the mover of the proposition "That the action of the Colliers in recently striking was justifiable and necessary." Let us hope that Guy's debaters may not come to "blows."

All around us we hear satisfactory opinions expressed as to the excellence of the Staff photo which is now on view in the Library; the only point for regret being that the list of absentees is so great. Could not photos of Messrs. Lucas, Higgens, Symonds and Lane be inserted at the side of the group for a small additional cost. The addition also of the names under the photo would be a great improvement.

Our attention has been called to the ragged condition of the catalogue in the Wax Models Museum; moreover, there is said to be but one copy. We hope this paragraph will act as a stimulus to the reconstruction of what is a most useful aid to men using this Museum.

Sickness is everywhere around us, one can especially sympathise with our patients now that so many of the men are warded, or away on sick leave. The heads of our Institution have perhaps suffered the most, for the Treasurer is only now recovering from a protracted ocular affection. We rejoice to say he is again amongst us. Mr. Lucas, after becoming convalescent, had another relapse last week, but we are informed that the attack was not serious, and he is slowly recovering.

We are also sorry to report that Dr. Perry has been seriously ill. On Sunday, his condition gave cause for anxiety. We are glad to hear that he is gradually improving.

Dr. Shaw has been indisposed with an attack of influenza, complicated with laryngitis. He is, however, better to-day (Thursday).

Mr. Durham was unable to deliver his clinical on Wednesday, owing to illness.

GUY'S HOSPITAL DEBATING SOCIETY.

At the meeting held on Saturday, 4th instant, Mr. C. B. Statham was down to advocate legislature on the lines of the C. D. Acts, with a view to the prevention of Syphilis. Dr. Washbourn presided. The minutes of the last meeting having been read and confirmed, Mr. Higgins proposed and Mr. Allan seconded a motion suspending the time limit allowed to proposer and opposer. Mr. Pakes opposed the motion, which, on a show of hands, was easily carried. Dr. Washbourn then called

Mr. C. B. STATHAM, who, after quoting a bundle of figures illustrating the prevalence of venereal disease, read the recommendation of a Select Committee in 1862, urgently calling for legislation, likewise the details of such legislation as by law enacted after that call. Following on this, came a cyclone of figures from Parkes, from which we learnt that 200,000 days of sickness had been saved in the Home Army during the years 1868—77; also that in 1890 half the Line in India were unable to take the field. Passing from this, the Opener dwelt on the benefits to women themselves produced by these Acts. Mr. Statham adduced as an argument for legislation the following, among numerous other benefactions:—

Experienced medical advice; increased chances of reformation; humanising influence of the hospital chaplain and the nursing sister. Further, legislation decreased the number of prostitutes (this, by the way, backed up by Metropolitan Police figures).

In the matter of morality, Mr. Statham held that if a woman choose to follow a dangerous trade, she ought at once to bring herself under the law. The Acts, in fact, were a kind of Workwomen's Liability Act, with no contracting out. The State could not prevent, and should, therefore, regulate prostitution.

Dr. J. E. NEVINS opposed, contending by the way that all Mr. Statham's figures were from Parkes' Hygiene or other prejudiced sources. Briefly mentioning the provisions of the Acts of 1864, 1866, and 1869, he opposed them on six grounds. First of all, the Acts were contrary to the spirit of English law. An accused person is held innocent till proved guilty. Under the Acts, a woman was held guilty till proved innocent. The burden of proof was thrown on the accused. On sanitary grounds he produced a diagram, founded on the figures of the Official Army Reports, showing that for six years before the introduction of compulsory examination, venereal disease had fallen at the rate of 6·7 per cent. yearly; that for the next six years *with* the Acts, disease fell less rapidly—6·3 per cent. yearly; that during the last three years of the Acts disease rose from 47 to 78 per 1,000 in protected stations. During the first two years of suspension, disease rose, but since that, *i.e.*, from 1884 to 1892, it had fallen almost without intermission. The rise in 1883 and 1884 was due to the return of diseased troops after the Egyptian campaign. This rise had also taken place in Malta and Gibraltar, still *under* the Acts.

Socially, the Acts destroyed the personal liberty of women other than prostitutes in places where the Acts were in force. After reading evidence showing the degeneration of all honourable principle among the administrators of the Acts, Mr. Nevins contended that the result of the Acts did not justify their cost, viz., £30,000 per annum. Politically the Acts were bad, as our Indian and Chinese subjects (in Hong Kong) cannot discriminate between the acts of officials and their mistress. They, therefore, regard the Queen as a gigantic brothel keeper. As to the causes of the failure of the Acts, Mr. Nevins indicated inefficiency, possibility of women contracting and spreading disease between the examinations, and as a further reason, mediate contagion.

Instead of the Acts, Mr. Nevins advocated increased sanitation and means of ablution for soldiers in the free voluntary and attractive venereal wards in general hospitals, and many other remedies too numerous to be mentioned within the limits of this report.

There was at no time a lack of speakers of every type and view. Mr. Stoner appeared as a rigid Manchester Individualist in Morality, and Mr. Hamblin Smith seemed distinctly in favour of the State intervention tendencies of the present day. Mr. Hopkins claimed the Acts as on the side of Education, and Mr. Alexander showed himself undoubtedly as a believer in the equality of the sexes.

On a division, the voting was as follows—

For the motion 4
Against..... 23

Mr. Statham's proposition, therefore, suffered a heavy defeat.

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

W. H. M., KIDDERMINSTER.—The growth is an adeno-enchondroma, and closely resembles the parotid tumour described below; but the adenomatous tissue is smaller in amount and the cartilage is more evident; in some lobules entirely replacing the gland tissue, and in some being entirely converted into myxomatous tissue.

W. H. M., KIDDERMINSTER.—The piece of lung presents the appearances of an acute on the top of a chronic broncho-pneumonia. The bronchi are dilated, their walls are thickened and inflamed, and the smallest tubes are full of leucocytes, alveolar cells, and in some parts blood; the alveolar walls are thickened, the vessels are slightly dilated; the alveoli are full of inflammatory products, leucocytes, and alveolar cells, with a little fibrin and in one part blood; there is slight inflammation of the pleura. There is no evidence that the disease is tubercular.

DR. W., SALISBURY.—The growth from floor of mouth is an epithelioma; the fact of the epithelial tissue being in excess of the connective tissue, which, too, is infiltrated to a considerable extent with leucocytes, points to the growth being more rapid and malignant than usual.

DR. J., CAMBRIDGE.—The portion of breast forwarded presents no abnormal structure; there are no appearances pointing to infiltration of any part of the tissue by carcinomatous or sarcomatous cells.

W. H. M., KIDDERMINSTER.—The fluid in the ovarian cyst is clear, mucoid and colourless. On microscopical examination it shows a few granular ovarian cells (Drysdale's), some granular cells a quarter the size of these, and some small masses of granular material. There are no other formed elements in it.

C. P., GRAVESEND.—The portions of tissue passed per rectum are from a case of membranous colitis of the variety mentioned in the paragraph beginning at the 27th line, of the first column of page 64, GUY'S HOSPITAL GAZETTE (Dr. Goodhart's lecture), 1887. On microscopical examination, these appear to be of the nature of inspissated mucus arranged in laminæ between which are changed leucocytes, epithelial cells and bacteria.

H. H. D. B., WEYMOUTH.—The tumour is a beautiful specimen of adeno-enchondroma, the ordinary parotid tumour. It is distinctly encapsuled and the lobules of the growth are very distinctly separated by thick walls of fibrous tissue and fibro-cartilage; the periphery of each lobule shows the ordinary structure of an adenoma, the middle and central parts, however, is composed of newly-formed cartilage and fibro-cartilage arranged in a coarse reticulum and in one or two places showing myxomatous change. It is not a malignant growth.

W. H. M., KIDDERMINSTER.—The mammary tumour is an adeno-fibroma. It is definitely encapsuled, but some spindle cells in parts point to the possibility of it being of a sarcomatous nature. We cannot express a definite opinion on this point, but would suggest a very careful watch for recurrence. PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. HUNT, GAZETTE, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

Review.

A Manual of Practical Anatomy. By D. J. Cunningham, M.D., D.Sc., LL.D., F.R.S., D.C.L. (Oxon). Vol. I. (Young J. Pentland.)

In this excellent little book the author deals with the anatomy of the limbs and abdomen, purposing to confine the second volume to the head, neck and thorax.

The directions for dissection are good and most clear, even to the beginner; and the study of surface markings is regarded with due importance and ably dealt with.

The various parts are well divided up, and variations of print used for headings to paragraphs are an additional aid to the student.

The diagrams—some 150 in number—are mostly well executed and useful; many are original; but they lose some of their value from their small size and the use in them of print alone, without colouring: perhaps we of the present age, pampered with books crammed with beautiful plates, are somewhat over particular in this respect. The printing of the book is clear and large, and the paper used good; but if the volume had been issued in larger and less bulky form, *e.g.*, in 8vo, we think it would have been improved.

The diagrams gain but little by the addition of two double-leaf coloured plates on the abdominal viscera; the fault in these being that the crack between the leaves obscures the most important parts.

There is but little original matter in the book, and the treatment of the extremities is orthodox, while the viscera are up to recent investigations, and denote careful authorship—perhaps this is the best section in the whole volume.

On the whole, the author may be congratulated on having made an advance on other books dealing with this view of Anatomy, and we feel sure that, should he succeed in like manner with the more onerous task set him in the second volume, his work will meet with a wide and ready sale.

The whole treatment of the subject is suited to the demands of men working for the college exams, but even those aiming at higher goals will, by careful perusal of the book, gain a thorough grounding in the whole of the regions dealt with. F.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DUODENAL ULCERATION FROM SEVERE BURNS OF THE SKIN.

SIR,—In the interesting article of October 21st, by "C. E. C.," on the subject of Duodenal Ulceration, amongst the various exciting causes I noticed that that of extensive surface burns is given with some degree of hesitation, and that reference is made to the prevailing scepticism of modern opinion on the subject. As one positive is worth a hundred negative cases, I would direct attention to the following case in point:—A girl, about 17 years old, was admitted into Lydia under Mr. Davies-Colley, in either November or December, 1890, suffering from very extensive burns of the thighs and buttocks, involving for the most part the whole thickness of the true skin. I have never seen a recovery from so extensive a burn. The interesting point of the case is that, in the course of a long and tedious recovery, symptoms of internal hæmorrhage developed; tenderness was found over the site of the duodenum, and a few hours later a dark red clot was passed per rectum, unbroken, about twelve inches in length, and exactly moulded to the form of a crescentic loop of intestine. Several smaller clots, two or three inches in length, were passed, but happily, on a milk diet, with free exhibition of opium, the patient cheated the Pathological Museum of an interesting specimen.—Yours faithfully,

R. M. W. Hospital, Bath, Nov. 1st. ARTHUR S. WOHLMANN.

EXAMINATION PAPERS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. DIPLOMA OF FELLOW.

FIRST EXAMINATION.—ANATOMY AND PHYSIOLOGY, NOVEMBER, 1893.

At least *three* of the four questions *must* be answered.

Anatomy.—1. Describe the Atlas. State precisely the relative position of the structures in contact with it. 2. What are the special structural modifications in Man which subserve the maintenance of the erect position? 3. Describe the course and relations of the Trachea and Bronchi, including their ramifications in the Lungs. Give an account of the development of the Trachea. 4. Describe the following structures and give their relations:—(*a*) The Adductor Magnus Muscle. (*b*) The Posterior Interosseous Artery. (*c*) The Pudic Nerve.

Physiology.—1. Give the experimental evidence proving the existence of Vaso-constrictor and Vaso-dilator Nerve-fibres. Trace the course of the Vaso-motor nerves to the Kidney, and describe any change of structure which these nerves undergo between the Spinal Cord and their terminations. 2. What is the chemical composition of Muscle, and by what methods can its chemical components be separated? Compare its value as a food with that of wheaten flour. 3. Describe the development of the Mammalian Heart. 4. Describe the various forms of Nerve-cells met with in Man—in (*a*) The Spinal Cord. (*b*) The Spinal Ganglia. (*c*) The Cerebellum. How are these nerve-cells related to Afferent and Efferent nerve-fibres? By what Histological methods have these relations been demonstrated?

CALENDAR OF COMING EVENTS.

Nov. 18.—1st XV. v. Lennox, at Honor Oak Park.
2nd XV. v. Lennox, at Dulwich.
1st XI. v. Eastbourne, at Eastbourne.
Guy's Hospital Debating Society.—Meeting at 7.30.

„ 23.—Cambridge First and Second M.B. Schedules to be brought to Medical Office for signature.
Medical Prayer Union.—General discussion.

„ 25.—1st XV. v. Coventry, at Coventry.
2nd XV. v. St. Bart.'s Hospital, at Kensal Rise.
1st XI. v. Bexley, at Bexley.
2nd XI. v. Cricklewood, at Honor Oak Park.
Physical Society.—Pathological evening.

„ 28.—Cambridge Third M.B. Schedules to be brought to Medical Office for signature.

„ 30.—Medical Prayer Union.—Missionary Meeting. Mr. Symonds in the Chair.

Dec. 1.—January Appointment List opens.

Sport.

ASSOCIATION FOOTBALL.

GUY'S v. BARNES.

SURREY CUP.—FIRST ROUND.

Played at Barnes on the 4th instant. The ground was wet and the ball greasy, but our men did not seem inconvenienced at all, and played better than we have hitherto seen them, and this with two men, Lavers and Waymark, unfortunately unavoidably absent. Guy's never gave Barnes a look in, scoring three times in the first twenty minutes. They relaxed their efforts a little after this, and at half-time we led by 3—0. Play again was all in our favour in the second half, and two more goals were added, one from the foot of Cooper at centre-half—a rattling good shot. We thus qualified for the second round by 5—0. Our goals were kicked by Brookhouse 1, Stamford 1, Cooper 1, Fitz-Hugh 2. Turning to the players, Lowe did the little that was required of him satisfactorily, as the score indicates. Prince and Carter also played a sound game, rarely allowing the Barnes forwards to pass them. Of the halves, Cooper was in fine form—he was the best man on the field, and played a very good attacking game—the goal he shot was a beauty. Crosby also played a good game and fed his wing well, to say nothing of a very fine shot which all but scored. The forwards were much better together than usual, and at times showed good combination—perhaps it was the presence of our captain among them. He and Stamford got on well together, as did the right wing. In fact all played well. Here's to their success in the next round. Team:—

GUY'S.—P. R. Lowe (goal); P. C. Prince, A. B. Carter (backs); P. Neville, N. C. Cooper, A. E. Crosby (halves); R. B. Stamford, H. Hewetson (Captain), R. T. Fitz-Hugh, C. S. Brookhouse, F. E. Walker (forwards).

Referee: Col. Handley.

GUY'S 2ND XI. v. BECKENHAM 2ND XI.

There is very little to be said about this match, which was played at Honor Oak on Nov. 4th, except that we had the game in our hands from the commencement. Our forwards shewed better combination than they have done before this season, and among them Edey shewed very promising form. We scored five goals in the first half-time and one during the second, and only once throughout the game did Beckenham look dangerous, but Mules saved cleverly. The goals were kicked by Davis (2), Edey (2), King (1), Simson (1). The team was as follows:—J. H. Mules (goal); M. S. Barker, Cocks (backs); Hayes, King, Simson (halves); Longhurst, Edey, Davis, Smith, Jones.

GUY'S 2ND XI. v. OLD CRANLEIGHANS 2ND XI.

Played at Honor Oak on Nov. 11th. This match was one of the best we have had this season, as the ball was first at one end of the ground and then at the other.

Our team was a good deal weakened by the loss of our usual goalkeeper, Mules, who failed us on Saturday morning, so we had to get Ward to play in his place; the latter certainly did his best, but still could not replace Mules. The Old Boys scored two goals early in the first half, but immediately afterwards Davis scored for the Hospital by a good shot, and again in the second half he beat our opponents' goalkeeper. Our defence, both at half and back, was good, and all our men certainly "bucked up" very well, as the Old Cranleighans appeared on an average at least two stone heavier than our men. The team was:—Ward (goal); M. S. Barker, J. Longhurst (backs); Marsh, Neville, Hardy (halves); Miller, Edey, Davis, Humphreys, Jones.

RUGBY FOOTBALL.

CARDIFF v. UNITED HOSPITALS.

(From the *Western Mail*, Tuesday, October 31).

These teams met on the Cardiff Arms Park on Monday. The weather, though fine, was cold, and there was a large attendance of spectators. Cardiff were without their captain—Norman Biggs—who is still unable to play; but Mr. Biggs was an interested spectator in the grand stand, and was warmly received. The Hospitals played Swansea on Saturday, and made such a gallant fight, being beaten by only a dropped goal, that a good game was expected. Fully a quarter of an hour after the announced time the teams lined up as follow:—

HOSPITALS.—Back, K. B. Alexander; three-quarter backs, W. I. Hancock, Prain, W. H. Thorman, and A. Rotherham; half-backs, H. M. Stewart and M. P. Jones; forwards, W. Ashford, A. E. Elliott, E. T. Shorland, Adair Thompson, Sedgwick, Bingham, L. Slater, and R. S. Rowlands.

CARDIFF.—Back, J. Smithson; three-quarter backs, T. W. Pearson, J. E. Elliott, D. Fitzgerald, and W. J. Evans; half-backs, R. B. Sweet-Escott (captain), and Selwyn Biggs; forwards, Gus Lewis, R. Guinea, W. Davies, R. Davies, W. H. Smith, C. Ramsey, T. Dobson and W. J. Elsey. Referee, Mr. W. T. Jenkins.

Gus Lewis kicked off for the homesters, and the ball went into touch, at mid-field. The Hospitals wheeled a scrum, but from the succeeding one Biggs got the ball, and, passing out to Elliott, relieved. The Llandaff man gained a deal of ground, and the visitors' 25 was the scene of the fight. Jones, the Hospitals' half, beat Selwyn Biggs, and punted into touch past the 25 flag. Pearson mulled a pass, and the Hospitals, running up, took play into the home half, whence some fine passing gave Elliott a chance, and he took the ball across the neutral line. A free was awarded Cardiff at mid-field, and the ball was placed for Pearson, but the kick fell short, and the visitors' back punted to touch at the 25. Fitzgerald made his mark, and Pearson again had a shot at goal, but nothing came of it, and the ball was sent into touch at the medicos' quarter flag. Sweet-Escott got the leather well away, and sent it out to Elliott, who, after running, passed to Pearson. The latter was pushed into touch inside the Hospitals' 25. Fitzgerald essayed a drop, and Cardiff penned the visitors, but Jones, with a magnificent dribble, cleared his line, and took play to the home half. The Hospitals got a free for an infringement of the rules, and the kick was nearly successful. The exchange was mulled, and Cardiff invaded the visitors' ground, and Biggs passed out, but the tackling was too keen, and Elliott, who received last, was grassed in the visitors' 25. The visitors' half-backs were playing a very off-side game, and some mulling on the part of the Cardiff backs allowed the visitors to get dangerously near their line, but Escott, with a couple of good punts, managed to avert disaster. A grand bout of passing, initiated by Sweet-Escott, took play to half-way. The visitors, by means of several rushes, got well down, but Smithson sent the ball to the 25 flag. The line was again reached however, but Pearson received, and with a magnificent run got to half-way, where his progress was stopped. Stewart sent the ball down, and Smithson was collared in his 25 before he could return. The visiting backs were playing up finely, and Jones, getting well away, was only pushed into touch by Pearson at the corner flag. Gus Lewis, heading a dribble, brought welcome relief to his side, and several hard scrums were fought out in mid-field. From this spot Escott got away, and after a fine bout of passing, in which Biggs, Elliott and Fitzgerald received, the latter scored a try behind the posts. Fitzgerald successfully negotiated. After the re-start the interchange left the ball in the Cardiff half, where some heavy scrimmaging took place. Sweet-Escott gained a few yards with a punt. A scrambling rush by the visitors caused an invasion of the home half, where a free was awarded the visitors. From the kick a minor was obtained. The Cardiff backs were passing in grand style, and another exhibition by them took play into the visitors' half. Play was in mid-field when half-time was called. Score:—

Cardiff..... ..... 1 goal
Hospitals ..... 1 minor

After the interval the visitors re-started, and the interchange of kicks left the oval in the Cardiff half. The visitors' backs essayed passing, and got to within a few yards of the home line, the whole of the third line handling the ball. Pearson by clever play brought relief. Stewart, the Hospitals' half, got away from a scrum and passed clean into the hands of Elliott, who ran down to the visitors' 25. Here he passed rather widely, and a chance of scoring was lost. Biggs and Fitzgerald next got away, but the ball was mulled, and the visitors got back to their 25. Cardiff now assumed the aggressive, but a free and a mark helped the visitors to obtain slight relief. Some magnificent passing by the Cardiff three-quarters ended in Evans being thrown into touch at the corner. The visitors rushed away, and got to the Cardiff line, where Evans mulled, and a scrum was formed under the posts. Here Cardiff were given a free for an infringement of the rules, and Pearson found touch at the 25. Now Sweet-Escott was heard admonishing the home

forwards for not giving the ball to the halves, and an improvement in this direction was at once noticeable. Selwyn Biggs got away and passed out, and Sweet-Escott and Elliott received in turn, the latter being pulled down in the visitors' 25. Hancock dribbled splendidly, and the Cardiff half was visited. The ball was kicked over the line and Smithson kicked dead. Cardiff dropped out and, the return being mulled, a scrum was formed in the Medicos' half. Jones dribbled over the neutral line, but Sweet-Escott replied. From a scrum Biggs sent the ball over to Fitzgerald, who, after running, passed well to Elliott, the latter being grassed. Pearson received, and sent into touch at the corner. Some tight scrimmages were fought out, and several attempts to score were made by the home backs, but the defence was too good. Heavy rain now came on, but Cardiff kept up the attack, and at last scored a minor. The drop out brought relief, and the Cardiff half was invaded. Several times the Cardiff halves got away in fine style, but forward passes lost a couple of good chances. The visitors worked to half-way, but again the Cardiff three-quarters were in evidence, and the ball returned to its old quarters in the visitors' half. Pearson made his mark, and only just missed scoring, a minor being obtained. Long kicks were interchanged, and the advantage was left with Cardiff. Time was then called with play in the visitors' half. Score:—

Cardiff .....1 goal and 2 minors
Hospitals..... .....2 minors

REMARKS.

A tight game, and one in which Cardiff should have scored more than they did. The Hospitals were quite equal to the homesters in the tight scrums, and in loose play were decidedly better. The Cardiff backs were, however, much better than their opponents, and gave some of the best exhibitions of the passing code they had ever shown, but chances gained this way were lost by wild passing when scoring seemed imminent, or else by the keen tackling of the Medicos. Jones, the Hospitals' half, played a grand game, and his dribbles, together with those of Hancock, were excellent, and gained ground for his side on several occasions, when relief was much needed. Alexander, the full back, was very safe, and did a lot of useful work. Of the Cardiff backs, Selwyn Biggs and Sweet-Escott were in excellent form, and time after time set their third line in motion. The three-quarters played capitally, and, as we have said before, a bigger score should have been notched. Evans several times mulled, once or twice at critical junctures, but, on the whole, his display was not bad. The visitors played a very pretty game, the footwork of their fine pack of forwards being a feature of the match.

GUY'S v. ST. THOMAS'S.—"A" TEAMS.

This match was played at Honor Oak Park, on Saturday, 28th ult., in a high wind which blew almost straight down the field of play. Both sides included from their respective first teams some of those who had not gone to Swansea. Hicks won the toss, and played with the wind in the first half, but the three-quarters did not make use of its aid sufficiently, trying impossible runs when thirty yards or more might have been gained by kicking. The first half of the game consisted chiefly of scrums in our twenty-five, the St. Thomas's forwards soon asserting their superiority, but their rushes were repeatedly stopped by Wetherell, who throughout shewed grand defence, and Moore, who made the most of his fine opportunities. Ten minutes from the start, Goddard was "knocked out" by a kick near the eye from Haward, who throughout played exceedingly roughly. Scrum succeeded scrum, and our outsides received very few chances, but these few they spoilt as set forth above. Half-time arrived without either side scoring. On resuming, Tyson kicked off, and our men following up well took the leather close to the visitors' line—this piece of play being the only occasion throughout the game in which they exhibited anything worthy of being called combination. The opposing forwards, however, soon worked the ball back, their rushes being stopped by our outsides, who now shewed up better. Our forwards, too, began to work better, breaking up quicker and making ground now and then by dribbling, Cleveland and Saward being most conspicuous in this respect. St. Thomas's were awarded a free kick for off-side play by one of our forwards and Browning made a good attempt at goal, but the wind carried the ball away to one side, while a few minutes later Patch made an unsuccessful attempt to drop a goal. After the kick-out, Hicks got the ball from a scrum, and we were treated to a really pretty piece of passing, the ball being quickly handed from Hicks to Wetherell, Hancock and van Someren. The last-named put in a good run to beyond the half-way flag, but the chance of scoring was lost by the forwards' neglect to follow up, so that, when collared, van Someren had nobody to pass to. A fine dribble by Tyson, who alone of our forwards can be said to have played really well throughout, and a run by Stead brought the ball down to the St. Thomas's line, but once more their forwards rushed our men down the field, Hicks and Hancock failing either to pick up or fall on the ball, and Pentreath gained a try, from which Browning easily kicked a goal. Time was soon afterwards called without further score, and a rough game resulted in a win for St. Thomas's by one placed goal to nil (5 points—0).

Remarks.—The display of our team was exceedingly disappointing, though allowance must be made for the fact that they were a mixture of two teams. All played much better in the second half than they had done at first, when, with the wind behind them, they ought to have scored. The three-quarters held the ball when the wind would have assisted their kicks, and kicked time after time in the second half, though they rather lost than gained ground by doing so. The forwards were not only over-weighted, but also completely out-played at every point, as their opponents shewed their superiority in packing, working, heeling-out, dribbling and lining out of touch. The heeling, when Guy's got the ball, was spoilt by the second row, who invariably kept the

ball till the opposing halves had had time to come round, and then generally hacked it out viciously past our halves, and even, on occasions, past the three-quarters. When lining out of touch there were sometimes as many as three of our men doing nothing in the way of marking their opponents, and this was the case even when one of the opposing halves was throwing out. Packing into the scrums was evidently unheard-of, and so much weight and work was thrown away. Collaring high, too, seems to be the fashion, and time after time men, especially Montague, were thus allowed to get away or to pass. The outsides defended well on the whole and their passing was good, twice brilliant; but they were often too slow about it, and waited to be collared before giving the ball away, this being Wetherell's great fault. Brereton's flying kicks were useless, even dangerous, and he was much the worst offender in neglecting, when needful, to kick into touch.

Of the St. Thomas's men, Montague shewed up the most, but stuck to the ball a little too much, while Haward was conspicuous, not only by his rough play, but also by his partiality for his opponents' side of the scrum, and had our three-quarters appealed as often as they might reasonably have done, the aspect of the game would have been considerably changed, for Tyson can kick. The opposing three-quarters—four in number—did not get many chances, for their forwards generally kept the ball and rushed. Team: -

GUY'S.—J. Moore (back); E. van Someren, E. D. Hancock, F. H. Brereton (three-quarters); F. C. Wetherell, H. T. Hicks (halves); V. E. Collins, N. H. Pike, A. J. Cleveland, W. J. Lindsay, D. Griffiths, Tyson, S. Saward, C. C. Stead, Goddard (forwards).

GUY'S v. EAST SHEEN.

This match was played at Richmond, on Wednesday, November 1st, and ended in a victory for Guy's by one placed goal to a penalty goal.

East Sheen having won the toss elected to play with the wind. Rowlands then started the ball for the Hospital, and for a short time play was chiefly confined to the East Sheen twenty-five, Guy's nearly scoring once or twice; Jackson then gaining possession kicked into touch well into Guy's half, and a series of scrummages then took place about half-way, but our forwards were gradually driven back towards our twenty-five. Two penalty kicks were then given for off-side play, from one a goal being kicked. Rowlands then re-started the ball, and, after some loose play in the open, Hancock gained possession and made a good run, but mistaking the twenty-five line for the goal line, touched down. Shortly after this half-time was called.

In the second half our forwards played up much better, and repeatedly pushed the scrimmages; Jones then gaining possession passed to Hancock, who got in behind the posts, which was also converted by Hancock. The game after this was very fast, and neither side could be said to be gaining any advantage. When time was called, the game was confined to half-way; the match thus ending in a win for Guy's, as above stated.

GUY'S 1ST XV. v. KENSINGTON F. C.

This match was played at Wormwood Scrubbs, on Saturday, November 4th, and resulted in a win for the Hospital after a very fast and equal game. Guy's winning the toss, defended the railway end, and Kensington kicked off. The ball was well returned, play settling down on our opponents' twenty-five line. It was at once seen that, in spite of the soft state of the ground, the game would be equally shared by both backs and forwards, and not confined to the front division. Guy's immediately began to press, the game being carried on well inside the Kensington twenty-five line. From a scrum formed here the ball was cleanly passed out by our forwards, but the Kensington defence was too strong for our backs to score, although the passing was good, Hancock especially timing his passes well. After several scrums near the Kensington line, one of their halves relieved by a good kick down the touch line. Play settled down in the centre, both packs working well and giving their respective backs plenty of work, but defence being strong on both sides, neither team gained ground. Kensington at last made ground by their half breaking away and putting in a good run up the touch line. The game was thus transferred to our goal line, where Kensington pressed, several scrums being formed within a few yards of our line till our forwards relieved by a really good wheel. From a loose scrum Stewart picking the ball up punted into touch a little up the line from a scrum formed after the throw-out, Hancock got the ball and kicked into touch near the Kensington twenty-five flag. From a long pass-out by Stewart the ball was well taken by Shorland and a good dribble started, the ball was carried over the line, and the Kensington back failing in his attempt to kick the ball dead, Rowlands scored the first and only try. The place-kick failed. The end of the first half came without anything worthy of further note.

Shorland kicked off, but did not kick high enough for Hancock who was following up to get under the ball. It was returned to our twenty-five, where scrums formed. The Kensington forwards here got the ball, and giving it to their backs, some good passing followed, the ball being carried towards our goal. The Kensington centres spoilt their back play by seldom giving the ball to their wings. Scrums formed near our line. Here our forwards getting the ball, by a smart wheel and dribble carried it to mid-field, where they again obtained possession of it—this time passing it to our half-backs. Here followed some very quick and exact passing, the ball going through the hands of most of our backs, E. D. Hancock almost getting over the line. Several scrums formed on the Kensington line, and our halves, who were playing well together, tried hard to get away with the ball, which was continually passed back to them by our forwards; but the Kensington defence was so good that they could not score. After several scrums, our opponents

broke away with the ball, carrying it to mid-field. Their half getting the ball from the scrum, kicked high and followed up; Hicks taking the ball tried an impossibility, with the result that his kick was charged down. Scrums were formed near our line, and some good play among the Kensington backs enabled the right wing to get through to Hicks, who collared him well, thus saving what might have been a try. Play followed almost on our line, but the forwards relieved by a dribble to the centre of the field. Here Kensington were awarded a free kick, and Elliott took a long place at goal, but with no result. Play returned into the mid-field again, where scrums followed. Our backs, getting the ball from the forwards, made a good move towards the homesters' line, but Clarke, our new wing, failing to take the ball at full pace, was pushed into touch. Nothing more of importance followed, the game ending in a win for Guy's by 3 points to nil. The passing amongst our backs was good at times, but they have a tendency to get rid of the ball too soon instead of waiting till they get right up to their man. Alexander passes too high, and consequently too slowly. Clarke, who played three-quarter for the first time, must learn to keep his place and to get more pace before taking the ball from the centre three-quarter. His defence once or twice was good. The halves played a good game together, and gave their three-quarters plenty to do. Our pack has decidedly improved, their wheeling at times being very good. They have also learnt to let out the ball far more cleanly and swiftly to the half-backs. If the team only goes on improving like it has done lately, our season ought to be very successful.

GUY'S 1st XV. v. CROYDON.

This match, which was played at Croydon on Saturday, November 11th, resulted in a win for the home team by one goal four tries (17 points) to nil. The play of our team compared with that of the previous week against Kensington was disappointing in every way. Our backs seemed to have lost all their powers and knowledge of defence, and their attack in the last part of the game was poor in the extreme. The forwards, although they shewed good form at the beginning of the match, played without dash during the latter half of the game. In fact, some members of the pack must have been shirking their work tremendously. The first part of the game was decidedly in our favour, the forwards got the ball continually and the backs attacked well, but after this our good play suddenly stopped, and the game was much against us. Allowing that our backs were greatly weakened by accidents, still this was not an excuse for some of the mistakes that were made, especially in tackling. The forwards seldom spread out quickly after a scrum so as to help their already weakened back division. The Croydon team had decidedly improved on their form of last year, but had our forwards played the same game that they did against Kensington, though they possibly would not have averted defeat, at any rate they would have rendered it less crushing. There was one redeeming feature in the display of our team, and that was the play of Bertie Hancock, which was brilliant in the extreme. How Guy's would have fared without his strenuous efforts we do not care to imagine. It was absolutely disheartening to see his grand work thrown away for want of decent support. There was sore need for Bell last Saturday. Let us hope that the team in the remaining matches this season will keep up their keenness all through the game, and not be disheartened by early reverses.

GUY'S 2nd XV. v. CROYDON 2nd XV.

Played on our ground on Saturday, November 11th. A fast game, resulting in a victory for the Hospital by one goal—five points—to nil. Throughout the match the ball travelled quickly up and down the field, the Croydon forwards getting the best of the numerous scrums, and repeatedly heeling out. Their efforts were, however, nullified by the selfishness (added to a little nervousness) of one of their outsides, to whom alone the whole team played throughout. Guy's lost the toss, and had to play against the wind in the first half. Before long, van Someren got hold of the ball, and, making the best use of his pace and high-stepping action, ran here and there among his astonished opponents, and grounded the ball behind the line. Morgan's place kick was only just successful. Muriel should have scored shortly afterwards from a beautiful opening given him by Spon, but stood still and allowed himself to be collared instead of running in. During the rest of the game the opposing forwards still had the best of matters in the packs, and, had they kept the ball to themselves instead of idolising a "passenger," would probably have scored. Guy's, however, were better at tackling and in the loose, and matters continued of a give-and-take description until "no side" was called with the score unaltered. Our forwards still showed complete ignorance of packing in the scrums, and so threw away any amount of strength and individual work. Cleveland, as usual, was prominent in the loose, while Moffat and Mottram were always on the ball, the latter's tackling being especially energetic. (Good old "Burton and bitter!") The backs were, one and all, out of form. Van Someren is new to the half-back game, but should do well with practice; he is far too highly enamoured of the idea of intercepting passes, and repeatedly allowed Lucas to hoodwink him and run on when he might easily have tackled and stopped him. Bryant is a great addition to the weight of the scrum, and we hope he will stick to it. Teams:—

Croydon.—P. Allen (back); C. M. Goodbody, S. E. Hubbard, H. W. Patey (three-quarter backs); J. Noakes, F. Lucas (half-backs); G. G. Myatt (Captain), W. C. Myatt, F. A. Correy, E. W. Archer, J. A. Fraser, F. Hoare-Ward, Rev. E. G. Burn, R. Hawe, J. R. Coulthard (forwards).

Guy's.—J. Moore (Captain) (back); H. J. Spon, T. Morgan, G. B. Muriel (three-quarter backs); F. C. Wetherell, E. H. van Someren (half-backs); A. J. Cleveland, C. H. Bryant, W. J. Lindsay, G. N. Mottram, H. A. Moffatt, N. H. Pike, H. Pern, D. R. T. Griffiths, A. T. Falwasser (forwards).

TWENTY-ONE YEARS' SPORT AT GUY'S.

(Continued.)

In the last number of the GAZETTE I was able, in an imperfect manner, to speak of some of the leading lights who won us the Rugby, Association and Cricket Cups during 1885–1886, and more was promised about one or two of these Guyites.

C. J. Prime, already mentioned as a sprinter, was of extreme value to the Rugby team, associated as he generally was with H. M. Jordan. He played regularly and consistently for Guy's, obtaining his "colours" in the Cup ties of 1885–6, when he played in all matches. At the United Hospitals' Sports in 1885 he won the only event for Guy's—the long jump (twenty feet).

G. H. Steele ("Baby") was one of the best halves Guy's ever had. Clever on his feet, and always cool, he was invaluable in the Cup ties. He, too, appeared for the first time in the famous year, and, associated with Russell, played a great game for his side. He appeared in all matches (Cup ties) up till 1887–1888. Since that time he has played frequently for the Middlesex Wanderers Club, for which Club he has done great service. In conjunction with T. O. Raw, he was the recipient of an honour cap in 1886–7.

T. O. Raw was a heavy, hard-working forward. His early death, while still at Guy's, occasioned a loss which was felt for a long period.

J. H. Bryant ("Rosy") was also a "half" of no mean order, and great was the competition between George Russell, Bertie Steele and Bryant for that much-coveted, yet trying, position on the Rugby Football field. His game was distinctly an "always on the ball" and "following-up" one. The writer has vivid recollection of his gaining a try against the powerful Blackheath Club by his brilliant running-to-earth of the club's full-back. This match was the last occasion on which Guy's won against the powerful Metropolitan Club (1888).

Bryant's success on the field in no way prejudiced his performances in the medical profession, which he now adorns; and it is as well for non-athletic men to bear successes like his in mind as an overwhelming example of the axiom, *Mens sana in corpore sano.*

Bryant, besides serving on the committee, was secretary in 1888–9, and obtained the highly-valued honour cap in 1887–8.

C. D. Rygate, who, as one of the leading forwards in the fifteen in 1885–6, receiving an honour cap for distinguished play, was a bowler of "spotless reputation." His performances with the ball were certainly one of the features of the cricket eleven of his time. He held both batting and bowling trophies in 1884, and the latter also in 1885, 1886 and 1887, truly a record to be proud of. In 1884, J. D. Cruickshank shared the bowling honours with him; and this pair were fit to open the bowling for any team in England.

F. J. Nisbet was also a member of the winning fifteen. His weight and strength and dribbling powers made him an acquisition to any team; as early as 1883 he was one of the first reserves of this team, but did not obtain his colours apparently until 1886. He was also a prominent gymnast, and was one of those elected to form the first committee of the Pavy Gymnasium, in which he took a leading part.

J. Fawcett began his football at a school—Dulwich College—which has produced many international players; obtaining his colours in 1885-6, he played regularly for the Hospital during his four years. In him is one of the many examples of prominent men in the sporting world who have since shone by obtaining the House appointments, and thereafter by gaining a position on the teaching staff of Guy's. He served on the committee for three years, and was one of the recipients of an honour cap in 1889-90.

W. J. Scott is yet another instance of an athletic career going hand in hand with an excellent one in the Hospital. He played in the fifteen as reserve in 1884–5, and in the following three seasons regularly. He was a committeeman from 1885 to 1888; and, as captain of the Cricket Club in 1886, had a material share in winning the cup. At cricket he was brilliant, and held the batting trophy for 1885, 1886, and 1887. He was also treasurer of the club in 1889. This short account speaks for itself of the enormous value the popular cricketer and footballer was to the Hospital in the sporting way.

Hitherto more has been said of the Rugby Football at Guy's than of anything else, so it is incumbent on the writer to "shift" away a point or two.

The earliest fixture card of the Association team I have been able to study is that of 1886–7, when, as might be expected from the prestige the club had obtained, most of the matches were with the leading clubs, including the Clapham Rovers, Old Foresters, Crusaders, Walton and Weybridge, Barnes, Philberds, St. Alban's, Rochester, and Old Brightonians. The Club ground at this time was at Lee, and the dressing-room at the "Lord Northbrook." Up to this period the Rugby team had been playing at Blackheath, and it was not until 1888–9 that the club obtained a ground at Raynes Park, on which provision was made for both codes to be played at the same time. As far as the ground itself was concerned, no better might be wished for, except perhaps that it was a little wet; but dressing accommodation was bad, and the distance from town a great drawback, as many will remember. From 1888–9 dates the inclusion of all club fixtures—Rugby and Association, first and second teams—on one card. A happy and handy idea, which one wonders was not previously conceived.

As before mentioned, since the institution of the Association cup 1884, Guy's won it for four successive seasons; and, as must be supposed, we had a splendid team.

First and foremost of any who have done battle for Guy's on the "Soccer" field stands out one man—H. J. Holman. He was one of the pioneers who carried out successfully the establishment of the Association Club at Guy's, and one of the few who has obtained his colours

in both codes of the game. It will be remembered that the first captain (1882) of the Association team was J. H. Pratt, who, in conjunction with Holman and H. V. Hickman, did so much towards its early growth. In 1883-4 Holman was elected captain, and retained that honourable position with conspicuous success for the two following seasons. It is gratifying to learn that in recognition of the services rendered by him to the Guy's Hospital Football Club, Holman was the recipient of a testimonial in the shape of a Tantalus and Album, at the hands of the club, in 1888. The testimonial was presented to Holman by the President, Mr. Davies-Colley, at the autumn general meeting, an honour the more deserving when it is remembered what great difficulties beset the captain of a team in its infancy. Holman got his Rugby colours in 1883-4, but he appears only to have played against St. George's; he obtained his honour cap for Association in the "great year," 1885–6. It was also during his captaincy that Guy's won the Surrey Cup for the first time in 1887; and his aid was so much sought for that he served on the committee in 1888–9—his last season. In all the five seasons he appeared almost without a break for Guy's in all their matches at centre-forward, in which place he had no equal. His great pace was the characteristic feature of his game, and made him a difficult man to stop, and an unerring scorer for his side.

E. J. D. Mitchell and George Mitchell were members of the Association team during its successful career. Having obtained his "Blue" at Cambridge, it was natural that E. J. D. should be readily given a place in the eleven, and at half-back he was considered to be second to none in London. He also obtained his cap in the Surrey County eleven, for whom he did great service in the field. In the cricket field he formed one of the many first-rate bowlers at Guy's, and obtained the Bowling Trophy in 1888, and in no small measure helped to win the many matches won by the Hospital in that and previous years. George Mitchell was a full-back in the same eleven. His play was of the "vigorous" type, and made him a terror to opposing forwards. At cricket he never obtained his colours, though he was a good, but at times erratic, bowler. Sturges-Jones played in these times as a forward. Until he "crocked" his knee he appeared regularly in that place, but after that accident he kept goal, in which position he got his cap for Sussex. He was a thoroughly keen man, a quality which he shewed extensively as secretary of the Association Club in 1887–9. He was also a keen tennis player, appearing for Guy's in the early days of the United Hospitals Lawn Tennis Club Competition.

H. B. Bolus, who subsequently obtained his "Blue" at Cambridge, played in goal, a position calling for decisive action in trying moments, which he filled successfully. At cricket he was, at times, a dangerous bowler and scorer. On leaving for Cambridge, he was chosen to play in the Freshmen's match.

A. C. Roberts, who obtained an honour cap the same year as his captain (in 1886–7), played at full-back, and was also a regular member of the eleven.

Turning again to the cricket eleven of 1885–6, I have more to say with regard to some of its members.

F. Colclough, following closely in the steps of W. J. Scott, was one of the best cricketers ever at Guy's. As a batsman he was a great run-getter and very stylish; the peculiar feature of his play making him a brilliant late-cutter. He took the "off-stump" as guard, and occasionally paid the penalty by getting out leg before wicket. He is credited with the biggest average of his time, in 1888, when he obtained an average of 51·4 runs per wicket, and was the recipient of the Batting Trophy. The following year he again was top of the tree, with an average of 26·4, and won the batting trophy. He was captain of the club in the seasons of 1888 and 1889, and proved himself an excellent one in every way. He played in almost every match. In 1889, when in the final we lost to St. Thomas's, business kept him from appearing. Not only was Colclough a first-rate bat, but set his men a brilliant example in the field by picking up the ball neatly, and returning sharply to the wicket.

J. H. Busteed, the "stone waller," was a wicket-keeper in the eleven. His stone-walling tactics saved the club defeat on more than one occasion, and his great keenness made him an acceptable member of the eleven.

J. D. Cruickshank—a noted footballer, being an excellent, hard-working forward—was played for his bowling, which I have already noticed in connection with his confrère, Rygate. It was a rare thing then for any club to make one hundred runs against the bowling of those two on their day, and they were of incalculable value to their side.

(To be continued.)

Owing to a clerical error in the last GAZETTE, the old "Bicycling Club" was spoken of as the Boxing Club.

APPOINTMENT.

STEPHENS.—L. E. W., M.R.C.S., has been re-appointed Honorary Medical Officer to the Emsworth Cottage Hospital.

Birth.

BLACKLER.—On October 27th, at Royal Avenue, Sloane Square, the wife of H. J. Blackler, M.B., of Redhill, Surrey, of a son.

Marriage.

ALSTON — HARRISON.—On November 1st, at St. Margaret's, Durham, by the Kev. N. T. Hamlyn, William Evelyn Alston, B.A., M.B., B.C. Cantab., son of Surgeon-Major W. A. Alston, M.D., J.P., of Sandgate, Kent, to Clara, daughter of T. H. Harrison, Esq., Coderlaw, Durham.

Death.

MARRIOTT.—On November 4th, at Guy's Hospital, of diphtheria, Edgar Buchanan Marriott, B.A., of Clare College, Cambridge, and Guy's Hospital, younger son of R. B. Marriott, Surgeon, Swaffham, Norfolk, aged 24 years.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

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Guy's Hospital Gazette,

DECEMBER 2, 1893.

NOTES OF CLINICAL LECTURE BY Dr. TAYLOR.

A Case of Apoplexy from Cerebral Hæmorrhage, and one of Paraplegia from Injury to the Back.

Gentlemen,—I am to-day again proposing to deal with some of the nervous diseases, of which there are several in the Clinical ward at the present time.

Three weeks ago I lectured on a case of myelitis, with amaurosis or rather amblyopia, and may take the opportunity of alluding to it again. It was a case of paraplegia, probably from diffuse myelitis, in which the possibility of a functional or hysterical origin was discussed. Since that time the patient has acquired a large bedsore on the back; the condition of the extremities has not improved in the slightest degree; but she is still not completely blind. Mr. Brailey has examined the fundus, and says that the arteries of the disc are very small, and suggests that the condition may be one of ischæmia of the retina, due to spasm of the arteries.

Case I.

The first case to-day is one that was in the ward, and of a kind of which you will see a good number of instances in your future practice.

The patient was a dock labourer, æt. 49. Admitted September 20th. Six years before he had a fit. His wife said that he fell down in the street, and was unconscious for a few minutes. Otherwise his general health has been good, until recently. During the past month he has vomited sometimes in the morning, and has had to get up several times in the night to micturate. He has never had rheumatic fever or gout. He has been out of work for some time. He was of an excitable temperament, and took more beer than was good for him.

On September 19th, had got up at six in the morning to go to work. He complained of feeling languid whilst at work, and about twenty minutes past twelve was seen suddenly to reel over and fall down. He was then found to be unconscious.

Present condition.—He is a fairly well-nourished, light haired man. He is paralysed in the right leg, right arm, and right side of the face, and cannot speak. Right knee-jerk not evident, but the knee was too stiff and set; right plantar reflex good; pupils react equally. Moves when pinched. Left angle of mouth drawn up. Tongue not bitten. Pressure on right ulnar nerve produced movement in left arm. Nothing particular to be noted with regard to the respiratory system. Respirations, 20. There was a faint cardiac impulse in the nipple line. No albumin and no blood in urine.

On the night after admission he appears to have tried to get out of bed twice. Passed urine in bed. Has not spoken since admission.

About one p.m. next day he picked up the paralysed arm with the left hand. He cannot move right side of face. The urine was drawn off with a catheter.

September 24th.—Still paralysed on the right side.

September 27th.—He is conscious, but cannot speak or swallow—the attempt to swallow making him choke. He still passes his motions under him. He understands what is said to him.

October 7th.—When objects are shown to him and called by their wrong names, he shakes his head, but when called by right name, he shades his eyes with his hand, as if he could not clearly see them. The abdominal muscles act well in forced expiration, such as coughing. From that time he was in much the same condition—paralysed on the right side, face, arm, and leg, and aphasic. He was, as a rule, in a condition of apathy, and unwilling to interest himself in anything, except sometimes when his friends came. He gradually got more and more drowsy, and died on October 24th.

There was a post-mortem the following day. What we expected to find was a lesion somewhere in the motor tract on the left side.

In the previous lecture I said that the diagnosis of these nerve cases was generally a recognition of the particular line of nerve fibres, or portion of grey matter, the function of which was disturbed. You know anatomically that the nerve fibres pass from the grey matter of the cortex through the corona radiata, the internal capsule, the pons varolii, across the medulla oblongata, and into the posterior part of the lateral columns of the cord, so as at last to come into relation with the anterior cornua.

Hemiplegia, with paralysis of the face, arm and leg, points to a lesion of the motor tract, and so far there are not any marked signs to show at what level in the tract the lesion has occurred, whether it is at the cortex, below it, or in the internal capsule, or even so low down as the upper part of the pons varolii. In this case, however, we had the familiar association of aphasia and right hemiplegia. The aphasia was certainly motor,

because the patient could hear and yet could not utter a word; therefore, we might fairly expect that the lesion in this case would have some relation to Broca's convolution.

What we found after death was a large hæmorrhage into the substance of the brain forming a cavity two and a half inches by one and a half inch beneath the Island of Reil, outside the nuclei, and involving only the posterior part of the internal capsule. So far as the pyramidal fibres are concerned, they are in the anterior part of the internal capsule, which is not directly involved; the motor fibres have either become implicated in the corona radiata or have suffered from the pressure on the internal capsule, but were not actually ploughed up by the blood.

We can similarly explain the aphasic effect, for so far as the surface is concerned the clot does not extend to it, but the fibres have been torn across and the clot has pressed upon the grey matter.

Diagnosis.—It is easy to make a simple diagnosis. The patient tumbles down, like this, and is found insensible, and you call it apoplexy, but when you have made that diagnosis you want to go into more detail, and find out what it is due to; whether there is a rupture of blood-vessels, so as to produce extravasation; or whether there has been a blocking of vessels, so as to cut off the supply of a certain part of the brain and produce softening thereof; or, in the third place, whether there has been a progressive and slow impairment of nutrition and consequent softening of tissue as the result of scattered and diffused obliterations of small vessels from thrombosis. The question mostly lies between extravasation and embolism. The means by which one may arrive at an opinion, not to say a diagnosis, present themselves thus: You may judge, to a certain extent, by the consideration of two classes of fact—(1) By the associated conditions of the patient; (2) by the nature of the onset.

1. *The associated conditions.*—Embolism is a process in which the vessel is obstructed by some particle carried into its lumen to a certain point, that is to say, the point at which the particle finds, from the gradual diminution of the size of the vessel, that it can get no further. These emboli are mostly carried from diseased valves of the heart. Therefore embolism is much more likely in a patient known to have valvular disease.

Hæmorrhage is most likely to take place from diseased vessels; consequently, diseased vessels suggest the possibility of hæmorrhage. You may in a given individual have evidence that the accessible vessels are diseased: thus, the radials may be rigid, or the temporals tortuous; but these do not give certain evidence as to the condition of the cerebral arteries. Conditions that suggest that the cerebral vessels *may* be diseased—are granular kidneys, hypertrophied heart, high arterial tension, and gout, which, again, is associated with granular kidneys. However, in a good many cases of apoplexy you do not get much help in this way.

In the present case the cardiac impulse was in the nipple line, that is, just a little outside the normal position. There was no murmur. The urine was of sp. gr. 1030 and not albuminous; so there was nothing in that to suggest granular kidneys. And you will find many cases from forty to fifty years of age in which but little evidence can be obtained from associated conditions.

There are, then, three groups of conditions:—

1. Heart disease.
2. Bright's disease and high tension.
3. Cases in which evidence is unsatisfactory or absent.

There is no doubt that the larger number of cases of hæmorrhage occurs in persons of advancing years, forty-five and upwards. On the other hand, cases in which embolism occurs are more often younger.

An interesting point with reference to exact diagnosis is that embolism is sometimes the cause of hæmorrhage. The embolism may set up disease of the vessel wall, resulting in an aneurysmal dilatation which finally bursts and produces a large extravasation of blood. This occurs especially in malignant endocarditis, and in patients of from ten to fifteen years of age.

2. *The nature of the onset.*—Another means of forming an opinion is the manner in which the onset occurred. This method is very uncertain, but is of use in some cases.

(*a*) When the patient becomes suddenly unconscious and is paralysed, he has very likely embolism and not hæmorrhage.

(*b*) When the patient first has failure of power in one limb—for instance, the arm, is then dizzy, and in a few more minutes gets drowsy, and soon completely unconscious, it is nearly always due to hæmorrhage, the blood gradually pouring out in larger quantities and tearing up the motor fibres.

(*c*) Paralysis without unconsciousness has long been recognised as being frequently the result of embolism.

(*d*) In a considerable number of cases no history of the onset can be obtained, the patient being found in an unconscious state, perhaps, in the morning, the damage having taken place in the night.

The case we are considering has some interest from the rapidity of its onset. His fellow-workmen saw him suddenly reel over and fall down, but for all we know he may have felt something for a quarter of an hour before, as he never spoke after the attack.

As it stands, the case bears considerable resemblance to that where a large vessel is suddenly blocked, and a considerable area of brain deprived of blood: but the lesion actually proved to be hæmorrhage.

One can imagine that no treatment could have been very successful, and, as a rule, the treatment of these cases is largely expectant.

Case II.

The second case I have to deal with to-day is one of spinal disease, probably induced by injury, but I must be rather brief in my remarks, as the time will not allow more.

A boy, aged 14, was, on August 8th, hit with the fist by a drunken man three times just to the right of the upper lumbar vertebræ. He could not stand for three or four minutes, and it hurt him for the rest of the day, but he afterwards returned to work. The next morning he had pains in the back and felt sick, and went into the Infirmary. On August 10th he could not move his legs at all. He passed urine, but had considerable pain in the loins when he did. Several days later he could not feel in the thighs.

For two or three days he could manage with help to get up to go to the stool, but since then he has always been in bed. At first he had much pain and sleepless nights, but lately he has only had pain on movement. The temperature has only once been above 99°. The urine is said to have been alkaline, with no albumin.

On admission.—Has great pain on moving, and great tenderness from ninth dorsal vertebra to the end of the sacrum, most over the second lumbar vertebra, where tenderness extends for some distance on either side of spine. There was no unevenness of the spine, but a little thickening at the point of greatest tenderness. Pain was also referred here on jerking the head or the heels. Apparently the legs could not be moved, but it was noticed that one day they had been flexed a little, and he has since moved them a little, but it causes pain in the back. There was fairly symmetrical anæsthesia of the thighs, legs and feet, the upper limit corresponding pretty corectly with the junction of the lower limbs with the trunk. There is no band of hyperæsthesia. Plantar reflex lost, no knee-jerks. Cremasteric, abdominal and epigastric reflexes are present. The muscles are flabby. They re-act to faradism and to galvanism, giving KCC > ACC in all but the calf muscles, where KCC = ACC. There are no bed sores. The urine contains a little mucus, but neither albumin nor sugar. The bladder acts normally. There was some constipation.

It is now (October 28) nearly three months from the time of the injury. You will observe that the patient gets struck in the lumbar region, and in consequence is paralysed and anæsthetic from the thighs downward. He has considerable pain on attempts to move, or if the limbs are moved by someone else.

From September 6th to the present time he has made decided improvement, especially with regard to sensation, which has re-appeared in the thighs and extends now to about two inches below the patella. He moves his toes a little, and suffers less pain than he did.

We may bring this into comparison with the other case of spinal disease to which I have already alluded. In both cases there was loss of power, sensation and reflexes, but in the present case the lesion was obviously in the lower part of the cord, while in the other it appears to consist of a diffuse myelitis extending to the upper dorsal region. There has also been considerable improvement in this case, while there has been none in the other.

Taking the position of the blow, it is pretty clear that the only part that can have been seriously involved is the lumbar swelling, and even the nerve-trunks may have been more injured than the cord itself. Transverse myelitis seems unlikely, because the lesion must almost certainly involve the lower end of the cord, and not leave a portion intact below the affected portion.

Then the question is whether it is solely myelitis, or whether the meninges are affected. Injury to the spinal column, if it affects the deeper structure, is most likely to involve the membranes.

Spinal meningitis is of considerable interest, but does not so often present itself to us in an unequivocal form as does myelitis. What is considered a characteristic feature is the presence of pain, just as it is in cerebral meningitis: and this pain occurs as pain at the seat of the lesion, pain in the course of the nerves arising there, and pain on movement or attempted movement of the limbs. It is perfectly true that myelitis causes pain, and that the onset of myelitis is frequently accompanied by pain; but the local pain extending to the limbs and pain on handling the limbs or attempting to move them, all certainly point to implication of the meninges in this case.

It is, perhaps, possible that the injury may have caused hæmorrhage into the spinal canal, but meningitis seems the more probable.

There is some hope of improving. Before admission, there were several lines of treatment adopted, and afterwards ice was tried once but discontinued because of the difficulty of application; counter-irritants were not used for fear of causing a sore back.

Since he has been in, he has been treated with complete rest in a recumbent position, by the occasional adminisstration of purgatives, and by the use of iodide of potassium in five grain doses three times daily.

Physical Society.

A meeting of the Society was held in the Hospital Library last Saturday evening, Mr. Pantin being in the Chair. In place of the customary paper a series of lantern slides, illustrating different kinds of tumours connected with the bladder, was shown by Mr. Targett, and this was followed by the exhibition of some very interesting pathological specimens that have been obtained recently in the various departments. The following is an abstract of the proceedings of the Society:—

The display of vesical tumours began with examples of cystic tumours, and of these the first four were single large sacculi or protrusions of the mucous coat through the wall of the viscus. In size they equalled or exceeded that of the bladder, yet their orifices were not more than an inch in diameter. The effects of such a sacculus in displacing the bladder, compressing the ureters and storting the urethral passage, as well as in retaining

foul urine, calculi, etc., were alluded to, and the possibility of treating some cases radically by ligature and removal of the cyst was indicated. These slides were succeeded by others showing similar cysts filled with papillomatous or cancerous growths. One of these, however, was not a true sacculus, for it was not lined with mucous membrane. It was attached to the left side of a bladder exactly in the site of a large epithelioma, and as the mouth of the cyst was in the base of the malignant ulcer, it seemed probable that the cyst was due to distension of the recto-vesical sheath of the bladder by urine which had extravasated through a perforation in the growth. As the prostate was hypertrophied and the vesical wall thickened, there was evidence of increased intravesical tension—a condition rendering urinary extravasation through a weakened spot more likely. Though it was pointed out that the majority of these large sacculi took origin from the base and sides of the bladder, very close to the openings of the ureters, and did not involve the trigone, yet one preparation illustrating the proverbial exception was brought forward. In this the trigone was the only part involved in the mouth of the cyst. The slide represented the fasciculated bladder of a child with enormous dilatation of the ureters and kidneys, the ends of the former being involved in the wall of the sacculus. The case was under the care of the celebrated Robert Liston, who failed to find any cause for the obstruction in the urethra. It was suggested that the exceptional position of the sacculus might be explained by supposing that the obstruction had commenced in intra-uterine life (the patient was a boy about four years old), and that the strain had fallen on the trigone, which is the last part of the bladder to be developed.

Hydatid cysts occupying a position between the bladder and the rectum were next considered. The usual statement that such cysts originated in the pelvic pouch of the peritoneum was shown to be wrong, for dissection proved that they invariably led to detachment of the vesiculæ seminales and vasa deferentia from the wall of the bladder, which could happen only by the cyst being originally situated between the recto-vesical fascia and the muscular coat of the bladder. A precisely similar cyst experimentally produced, by which the vesiculæ had undergone a corresponding displacement, was exhibited in proof of this assertion.

Two examples of rare cystic tumours were also shown. One of these, called a paravesical cyst, was only loosely attached to the bladder. It may have travelled from the broad ligament. The other was really a rupture of the bladder in which the urine had extravasated beneath the serous coat. The patient after heavily drinking, and while playing a cornet, was seized with severe abdominal pain. He died of peritonitis on the twenty-sixth day.

Some solid tumours were then shown, beginning with the common fimbriated papilloma; and microscopic sections were used to describe their anatomy. The other variety of innocent tumour (called fibro-papilloma) was mentioned, and its liability to inflammatory changes was pointed out. Sections of such a tumour were shown in which the core of the growth was infiltrated with small round cells. These had been mistaken for sarcomatous cells, and the case had been recorded as a "Villous Sarcoma." It was, however, really a large inflamed fibro-papilloma. No doubt the tumours termed "transitional" by Sir Henry Thompson were of the same nature. A curious specimen of diffuse papilloma was displayed, in which almost the entire mucous surface of the bladder was involved. This condition had been described as "Villous Disease."

After a few specimens of rare diseases, such as a dermoid tumour removed from the bladder, prolapse of the ureters, hæmorrhage beneath the mucous membrane, etc., some more common tumours were exhibited. A beautiful preparation of polypi in a child's bladder, mounted more than a hundred years ago by John Hunter, was used to illustrate the anatomy of this affection. The tendency of such growths to protrude from the urethra in female children was alluded to, as well as their uniformly fatal course, owing to their effects upon the kidneys, and consequent suppurative nephritis. The absence of hæmaturia in such cases was an important point in distinguishing them clinically from those of papillomata. This disease is limited to the mucous membrane. Hence the only mode of treatment seemed to be a free removal of the mucous coat. That such a mutilation was consistent with life was shown by the cases of recovery after complete exfoliation of the mucous membrane following severe labour in women.

The last section dealt with cancerous tumours of the bladder. Two typical epitheliomatous ulcers were shown, and their resemblance to similar ulcers on the skin was insisted upon. Then followed a series of slides representing the tuberous form of epithelioma, as it has been called. In this variety the growth, instead of being destroyed by ulceration, and maceration in the urine, protrudes into the cavity of the bladder, so as to occupy the greater part of that space. Vertical sections through such tumours proved that they did not involve the subjacent muscular coat, or only to a limited extent; and hence the feasibility of treating them by excision of a portion of the vesical wall was unquestionable. In two of the slides the recto-vesical fascia was seen passing freely over the base of the tumour, and might, therefore, have been detached at the operation. Unfortunately, the more frequent condition is one in which the vesical wall is extensively invaded, and thus surgical interference is precluded save as a paliative measure. The exhibition closed with a series of tumours in which papillomatous and epitheliomatous growths were associated. Here the question of a simple papilloma becoming converted into a malignant growth was naturally raised, and it was pointed out that where such a conversion was most probable, the epithelial neoplasm partook of the nature of a malignant adenoma. It was urged that down growths of the papillomata into the subjacent tissues would give rise to a new formation, after the manner of a cylindrical-

celled epithelioma of the rectum. In fact, cylindrical-celled epithelioma of the bladder had been described, and the histological appearances of such a tumour were illustrated by a drawing from Orth's pathology. It should, however, be regarded as a papilloma which had become malignant.

A HISTORICAL SKETCH OF THE SURGICAL TREATMENT OF VESICAL TUMOURS.

The existence of tumours of the bladder was well known to the early pathologists, but the history of their treatment by the methods of surgery is of much more recent date. One of the first operations for the removal of a tumour of the bladder was performed by a distinguished surgeon of Guy's Hospital, Joseph Warner, in the year 1750. The patient was a woman, aged 23, who for three years had been troubled with retention requiring the use of the catheter. Latterly she had had severe losses of blood. Examination per urethram discovered "a considerable tumour, which seemed to be of a fleshy substance and took its rise from the lower part of the bladder near its neck, the extent of which I could with difficulty reach. I observed it to protrude a little way out of the meatus urinarius upon straining to make water when the bladder was full; but on ceasing to strain it presently returned."

The operation was performed in April, 1750. The patient was directed to extrude the tumour as far as possible. It was then seized, and a suture passed through, but traction failed to produce an effect. The meatus was, therefore, enlarged by an incision upwards and to the right, involving about half the length of the urethra. After this the tumour could be drawn out far enough for a ligature to be passed round its base, which was very large.

On the sixth day the ligature and tumour dropped off, and the patient made a perfect recovery. The tumour was the size of a turkey's egg.

For more than a hundred years after this, operations on tumours of the bladder consisted in the removal of polypi and pedunculated growths through the female urethra by dilatation or incision of that canal; and, in the case of the male, through the perineal wound made in the course of a lithotomy. Frequently the tumours were only discovered by lithotomy, the symptoms having resembled those of vesical calculus. And in not a few instances the enlarged middle lobe of the prostate was mistaken for a tumour of the bladder. Desault twisted off a pedunculated growth from the bladder of a male on whom he was performing the operation of lithotomy. Crosse, in 1835, opened the bladder of a boy by perineal section, under the suspicion that he was suffering from stone. A number of polypoid growths projected into the wound, and were removed as far as possible. The child died forty-two hours afterwards, and it was then found that the bladder still contained many growths.

The next important operations in the male were by Billroth in 1874; by Kocher, of Berne, the same year; and by Volkmann in 1876. In our own country, Professor Humphrey, in 1877, successfully removed a pedunculated fibroma, through a lateral lithotomy incision, from a man, aged 21. Billroth's patient was a boy, aged 12, in whom a tumour could be felt in the region of the bladder. A lateral cystotomy was performed, but as the growth was found to be too large to remove by the perineum, a suprapubic incision was made, both recti were divided, and the bladder was opened transversely. The patient was quite cured.

Volkmann's case was unsuccessful, though he adopted the suprapubic route. The man died of cellulitis and peritonitis.

Sir Henry Thompson's publications from 1880-1884, did much to attract the attention of surgeons to the radical treatment of vesical growths. He strongly advocated the digital exploration of the bladder through a median perineal incision, and the subsequent removal of the tumours by specially adapted forceps. At the same time the operation of suprapubic cystotomy was revived, and rendered serviceable for the treatment of calculus. And this occurrence had a most important influence on the surgical treatment of tumours—the suprapubic method being now in general use.

The latest epoch in this history, which in recent times has been made with such rapidity, began in 1884, when Sonnenberg attempted—and, it must be admitted, with a considerable amount of success—the radical treatment of malignant tumours by resection of the bladder wall. What the future of such operations may be it would be rash to predict; but the already accumulated experience of surgeons in different countries is decidedly in favour of offering to patients afflicted with a fell disease, but otherwise healthy, that hope of relief and prolonged existence which is in the gift of so many other departments of their art.

J. H. TARGETT.

ACKNOWLEDGMENTS.

From Messrs. Ballière, Tindall & Cox:—
Aids to the Treatment of Diseases of Children. J. McCaw.
Aids to Otology. W. R. H. Stewart.
Diphtheria and its Treatment. B. R. Martin. 1s. 6d.
From Messrs. Cassell & Co.:—
Tumours, Innocent and Malignant. J. Bland-Sutton.
From Mr. A. T. Rake:—
Report on Leprosy and the Trinidad Leper Asylum. Beaven Rake, M.D.
The Cambridge Review.
The Hospital.
The Oxford Magazine.
The University Correspondent.
St. Bartholomew's Hospital Journal.
St. George's Hospital Gazette.

Hospital News.

IN THE SURGICAL WARDS.

Under Mr. Durham.

Lazarus 15.—R.A., 51, was admitted with a history of having had difficulty in passing his water for the last twenty-four years. A catheter was passed about fifteen years ago, and since then, till October 30, the trouble has not been great. On that date he could not pass his water at all until he had a warm bath, which relieved him. He came up to Guy's, and was admitted on November 7th. Attempts to pass catheters were fruitless, and a stricture could be distinctly felt at the commencement of the spongy part of the urethra. He passed his urine however, which was alkaline and contained pus. On November 15th he became worse, his temperature rising to 102°, and at 5.30 p.m. Mr. Dunn was called in and performed Cock's operation. A peri-urethral abscess was opened in the incision. Since then the condition of the patient has improved considerably, and his temperature is now normal. No pus in the urine, but the urine contains small quantities of albumin.

Lazarus 7.—H. H., 60, admitted on November 20th, with a history of having been seized about two years ago with violent pain in the left lumbar region, extending to the iliac region. At the same time he had slight bleeding from the rectum. The pain has continued since, being more severe when he is sitting or standing than when lying down. He states that last August he had profuse bleeding from the rectum.

On admission.—The only evidence of disease is his own statement as to pain, and a dilated rectum. ? Diagnosis.

Lazarus 4.—A. V., 20. When four years old, patient had a small swelling on the left side of the trachea about ¾-in. above the upper margin of the sternum. This was opened two years later, and since that time it has been almost continuously discharging; at the same time the sore gradually got lower down till it was situated in the middle line over the upper margin of the sternum. About a fortnight ago a swelling commenced to form in the latter situation, and since then it has been gradually enlarging.

On admission, on November 27th, it presents the following characters—It is rounded in outline about 1½-in. in diameter; it projects about ½-in. from the surface; is fluctuant; its margins are reddened and somewhat hard; the summit is of a dusky hue and the skin is scaly; it is tender to pressure; it is freely movable on the underlying structures, and moves upwards on swallowing, and from its upper margin, a strong, hard band of tissue runs up to the lower margin of the body of the hyoid bone.

Martha 2.—H. P., 60, admitted on October 21st, for tumour of the breast. The tumour projected from the surface, and its visible part was about the size of half an orange. It was sloughing on the surface and the edges turned inwards. The tumour was much larger beneath the skin, but not very firmly adherent to the underlying structures. In appearance it looked like a sarcoma, but the glands were affected to a large extent in the axilla. The breast was removed and the glands cleared out from the axilla, the latter were matted together in a large mass and had to be dissected from the axillary vein. The diagnosis of carcinoma was confirmed, but in some planes the growth was clearly defined from the surrounding parts, while in others the tissues were largely infiltrated. The patient has since been doing well, and the wound has almost entirely healed.

Under Mr. Jacobson.

Naaman 20.—S. A., æt. 53; sign-painter. Had a sister who died of cancer in the vagina. Twenty years ago had a hard chancre on the penis. Tongue has been sore ever since. About twelve months ago felt a small, hard, but intensely painful pimple on the anterior half of right border of tongue, and was consequently unable to eat solid food. Continued the same size until about three months ago, when it rapidly increased to the size of a walnut. Had continual shooting pains from tongue downwards and backwards to neck.

On admission.—There was, besides, a small nodule in the substance of the anterior third of left side of tongue. One of the glands beneath the lower jaw on the right side is enlarged.

November 12th.—Mr. Jacobson performed Whitehead's operation with laryngotomy, the line of excision extending diagonally from the junction of the middle and anterior thirds on the left side to the posterior end of the middle third on the right side, so that a considerable and useful portion of left half of tongue remained.

November 17th.—Patient now sits up all day and is able to talk, though as yet he cannot eat any solid food. Patient came in with a very jaded and worried look, but that has now completely disappeared, and he looks at least ten years younger.

Naaman 21.—T. S., æt. 60; gamekeeper. Re-admitted November 20th. Ten years ago patient was admitted for recurrent sarcoma at inner angle of left orbit, which Mr. Jacobson removed under ether. He was re-admitted on account of a flat, strawberry-like mass—rather hard, with a wavy edge, separated from the skin by a constriction surrounding its base—in the angle between the nose and left orbit. On November 22nd this was removed—having been diagnosed as a rodent ulcer—by an incision travelling on the nose and widely on the cheek; and to obviate risk of recurrence Mr. Jacobson also cut out the inner angle of both lids, exposing the nasal process of the superior maxilla and lachrymal sac behind. The upper and inner margin of wound was cauterised and a thick paste of equal parts of chloride of zinc and flour applied over the lower two-thirds. Patient is progressing favourably.

Under Mr. Lane.

R. F., æt. 44.—Admitted May 3rd for epithelioma of under surface of tongue. Family and personal history good. History of present trouble short. Three weeks before admission patient having noticed soreness of tongue with swelling which has increased of late. Sore

throat for five weeks. On admission, tongue is bound down to floor, except at the tip, which is movable; dorsum hard and raised, but not involved. Below tongue is a circular ulcer with edges everted and indurated, shaggy floor and foul discharge. Glands on right side swollen and indurated. May 16th, Mr. Lucas removed the growth with part of the under surface of tongue by cutting through the jaw after Sédillot's method. The jaw was kept in position by a wire splint. Patient made a good recovery, and was discharged on May 26th.

Re-admitted on November 4th, with a hard swelling beneath the mucous membrane of tongue, involving anterior half of tongue, and binding it down to the floor. Submaxillary gland and glands in neck on left side involved.

November 9th.—Mr. Lane operated, and began by removing all glands involved by an incision along the lower border of jaw from angle to angle; after all had been cleared out Mr. Lane was unable to proceed owing to patient's behaviour under the anæsthetic. Nov. 21st wound healed up except at one corner left for drainage. Mr. Lane operated for removal of growth in floor: tracheotomy first performed, and fauces plugged: growth exposed by cutting through lower lip to right of symphysis, and extending incision down along lower border of jaw to right angle. Jaw sawn through with Gowan's osteotome; growth in floor dissected out; portions of involved jaw gouged away. Mr. Lane now turned his attention to the tongue, his object being to preserve as much of the mucous membrane of dorsum as possible. He accordingly with scissors took away the tip, and still keeping wide of the growth, dissected out nearly the whole of the under surface of the tongue. After the growth had thus been completely removed, the mucous membrane of the tongue remaining was found to be sufficient to fill the floor of the mouth, and was fixed in position by gut sutures brought out externally beneath the symphysis. After this the two fragments of the jaw were wired together, and the wound sewn up externally. Thus, though most of the tongue was removed, patient's mouth is now, five days after the operation, entirely covered up with mucous membrane, and the floor can be thoroughly washed out. In this way then the patient is freed from the discomforts of decomposing discharges from a large granulating surface, as in cases treated by the usual methods, and the pain is considerably lessened, if not entirely done away with.

Job 23.—H. S., 23, naval pensioner, admitted November 18th, 1893, for painful stump of right arm.

History of case.—Patient, on March 17th, 1893, was engaged at torpedo practice, and had his hand cut clean off transversely by one of the propellers, below the base of the thumb. He went ashore, and amputation above the wrist-joint was performed. The wound was very painful and took seven weeks healing, and has continued paining ever since, especially so the last fortnight.

Treatment.—On November 20th, A.C.E. was given, and three cuts of about one and a half inches were made over the median, radial and posterior interosseous nerves, about one inch of each of which was removed. On the piece removed from the median was a small bulbous enlargement. The cuts were sewn up and arm dressed.

Patient left on November 22nd. The arm was quite comfortable.

Job 1.—W. B., æt. 54, coachman, admitted, November 2nd, 1893, for growth on inner surface of tibia.

History of case.—About twenty years ago patient noticed a small swelling about the size of a pea on the inner surface of the tibia on the right leg. There was no discolouration, and the swelling moved freely with the skin. It has gradually got larger, until it has assumed its present size, which is about that of a shilling. It has pained on and off for the last sixteen years. The pains, which are rather violent, last for about ten minutes, and are brought on in different ways, often while walking, and invariably after taking spirits. About two months ago patient received a severe blow from the springs of a brougham on the growth. This caused discolouration and discharge, which went on for about six weeks, but has ceased during the last fortnight. Ung. Zinc Ox. was used.

Family history.—Good.

Condition on admission.—The growth is situated on the lower part and inner surface of the tibia. It is round and of about the size of a shilling. It has ulcerated, but has healed by scabbing. The growth itself is of a dark purplish colour, soft and freely movable with the skin. The skin around is of a dark red colour, and has small scales on its surface.

Treatment.—Excision and skin grafting. The growth removed; had no capsule; was about $\frac{1}{4}$in. thick, and was gelatinous in appearance. Under the microscope it was seen to consist of a considerable quantity of fibrous tissue, with numerous spindle cells with long nuclei.

Went out November 21st, 1893.

IN THE MEDICAL WARDS.

Under Dr. Pye-Smith.

Philip 26.—W. J. N., 8, admitted August 30th for pyrexia and headache. A week before admission he was seized suddenly with vomiting and violent headache, followed two days later by delirium at night, and slight diarrhœa.

On admission.—Temperature 103·6. Pulse 109. Respiration 36. Physical signs of fluid at both bases, and rhonchi over chest behind. Typical typhoid tongue, abdomen distended, but not tender, and no other physical signs whatever. Three days later, however, the physical signs in the chest cleared up, and typhoid spots appeared, and settled the diagnosis, which had been uncertain between enterica and acute tuberculosis. But the interest of the case lies in the temperature chart of what has proved to have been an uncomplicated

case of enterica. The pyrexia lasted exactly eight weeks. Of the first week before admission nothing is known. During the second and third weeks the temperature remained very uniform — it was never below 100, and reached 103 every day, but whenever it rose much over 103 he was bathed or sponged. He had five cold baths and three cold spongings, besides tepid spongings night and morning. During eighth week there were three very large oscillations of temperature; three times it fell to 97 in the morning, followed at once by a rise to 103. At other times the temperature was fairly steady at 101. There was no hæmorrhage to account for these falls of temperature, nor did patient appear collapsed at the time. During fifth week and first half of the sixth the temperature varied each day between 101 and 103, but there were three morning falls to 99, followed by rises to 103. During second half of sixth week and the seventh week the temperature, though very high at times, became much more erratic, and varied every day between 97 and 102 or higher, but four times the temperature fell considerably below 96, followed by a sharp rise. During the eighth week the pyrexia gradually disappeared, and since then the temperature has been subnormal, but without any great drop, and the patient is recovering rapidly. Patient had no hæmorrhage or any other complication whatever, nor was he collapsed during the large oscillations of temperature.

Dr. Pye-Smith sees nothing in this temperature more than to suggest that there were a series of relapses; nor does he believe that cases of prolonged pyrexia in enterica without obvious relapses are to be explained by relapses following on each other so quickly that none of them run their full course, and so become obvious on the temperature chart. But he considers that such prolonged pyrexia is to be explained by septic absorption from the ulcers setting up a condition of septicæmia.

Under Dr. Taylor.

A. H., 46, stoker in cement works, admitted October 4th, for pain in upper part of abdomen and loins. Patient had noticed pains over region of liver and stomach as far back as four years ago, pain of a darting pricking nature, not persistent. In May, 1892, pain became more acute and continuous, great swelling of abdomen: went to Gravesend Hospital, pain was now intense, hot fomentations were applied and patient was tapped, twenty-one pints of fluid drawn off; eighteen weeks later patient discharged, ascites had disappeared and he was practically well. Previous to patient's admittance to the Gravesend Hospital he had suffered from morning sickness, but had never brought up any blood. He had been accustomed to drink as much as six or seven pints of beer in a day, sometimes more.

For the last year or so patient has been losing flesh and becoming weaker; he has not taken any alcohol for the last twelve months. Sickness has not been so marked lately.

On admission.—Patient emaciated, no jaundice; temperature 97°. Liver can be felt two inches or more below costal margin, feels hard and has a slightly irregular surface, rounded but distinct lower edge. Very tender on pressure.

Spleen cannot be felt, area of splenic dulness increased, extreme tenderness in this region.

Abdomen somewhat distended, 32½ inches at level of umbilicus, well-marked dulness over whole of left side and left iliac fossa, which is painful, a slight degree of ascites present, extreme tenderness on manipulation.

Urine normal. *Bowels* normal, patient has suffered from piles. *Circulatory system* normal.

Respiratory system.—Loud, rough pleuritic rub in sixth interspace, two inches outside nipple line, which extends on deep inspiration.

October 9th.—Abdomen 34½ inches at level of umbilicus; pain severe, not confined to one spot. Abdomen acutely tender on manipulation, especially over spleen and in left inguinal region. Temperature has remained chiefly subnormal.

11th.—Pain continues; ascites increasing.

13th.—Abdominal measurement 35¾ inches; severe pain in left flank, and behind over left kidney.

19th.—Patient complains still of pain all over abdomen, but more especially over left kidney. Urine contains albumin, alkaline, deposit of mucus and pus.

26th.—No albumin in urine for last few days. Patient much better.

November 8th.—Patient's condition much improved. ascites diminishing. Temperature still subnormal for the most part.

13th.—Temperature 99·6° in the morning, 101° in the evening.

14th.—Patient not so well; temperature this evening 102·6°.

15th.—Patient had an attack of hæmatemesis, bringing up three-quarters of a pint of black blood. Temperature fell to 97·6.

22nd.—Patient has had no more hæmatemesis; temperature has been fluctuating considerably the last few days, otherwise patient is improving; gets up after dinner. Abdominal measurement, 33½ inches; there is some amount of regurgitation of food and water-brush. Patient complains of burning pain in epigastrium on percussion; resonance over right flank and right inguinal region, dull in left flank and left inguinal region. No albumin.

28th.—On palpating liver to-day edge feels rounded and turned up. Pleuritic rub has persisted ever since patient's admittance.

G. S., æt. 3½ years, admitted, September 7th, for pain in back and legs. Has always been a healthy child. Twelve months ago patient fell downstairs, landing on his head. Felt no ill effects from it. Last November, however, when picking up something, complained of pain in his back. Since then has had pains in the back at frequent intervals. A fortnight ago patient contracted a slight cold after paddling in the sea; three days after which pain in his back became very severe. Has been getting worse since. Has not been able to walk since September 3rd.

Present condition.—Patient healthy, well-nourished boy. Projection of bone over third, fourth, and fifth dorsal spines.

Nervous system—Motor.—Patient can raise both legs from bed. Cannot flex them on abdomen. Has to lie on opposite side before he can raise the leg. He cannot sit up. Movement in arms good.

Sensory.—No loss of sensation.

Reflexes.—Knee reflexes not obtained. Ankle clonus well marked. Skin reflexes also well marked.

Trophic.—Limbs well nourished, but muscles of legs and thighs flabby.

No loss of control over sphincters. No albumin.

September 24th.—Increased movement in legs. Knee-jerks are still unobtainable.

30th.—Rigidity in both legs on stimulating the muscles, lasts about a minute; ankle clonus exaggerated.

October 20th.—Movement improving slowly; rigidity at intervals.

31st.—Knee-jerks obtained to-day by Dr. Pitt.

November 10th.—Knee-jerks and patella clonus obtainable. Patient seems quite unable to voluntarily move his legs when told to do so. He pinches them by way of stimulus, when a reflex movement takes place, the lower limb being abducted and flexed. They can also be moved in the same way if anyone else stimulates them. Stimulation of right leg does not affect the left, even if the right be prevented from moving, and *vice versa*.

20th.—Patient's legs seem to have less power in them than on the 10th; it requires a great deal of pinching on his part to produce a movement. Knee-jerks, patella and ankle clonus present.

NOTES FROM DR. SHAW'S DEMONSTRATIONS ON PATHOLOGY.

SPLEEN.

The size very variable in health. It may be unusually small as a result of *simple atrophy*, 1993 (40) 2014 (25), occurring as a senile change, or in some wasting diseases; also as a result of long-standing *congestion*, as in chronic cardiac failure. A very small spleen may be an accessory spleen or *spleniculus*, 1993 (66), 1993 (75).

Enlargement of the Spleen.

A. Uniform enlargement without marked alteration of structure: 1, cirrhosis of liver; 2, cardiac congestion of short duration; 3, ague; 4, rickets; 5, congenital syphilis; 6, fevers, especially typhoid.

B. Uniform enlargement from abnormal deposit:

1. Lardaceous (2005), a firm, translucent spleen; the Malpighian corpuscles distinct, and the lardaceous deposit showing up well when stained with iodine.
2. Leucocythæmia (2019), produces the largest spleens. Infarcts not rare, and then the cut surface not uniform. Capsulitis sometimes present.

C. Enlargement from solid nodular deposits:

1. Hodgkin's disease or lymphadenoma, the so-called hard-bake spleen 2009 (50) and 2009 (51).
2. Malignant growth, 2011, 2012. The spleen is but rarely thus affected: generally a rapidly-diffussing sarcoma.
3. Tubercle, is always secondary, occurs in the (*a*) miliary, 2006 (64), or (*b*) caseous, 2008 (50) form. The latter may soften and lead to abscess (2008). Miliary tubercle must be carefully distinguished from the sago spleen, in which healthy or lardaceous Malpighian bodies are unduly obvious. Caseous tubercle, from its tendency to soften, can generally be differentiated from the hard-bake spleen. Tubercle does not cause great enlargement, which when found in association with phthisis or other tuberculous diseases, may be due to febrile enlargement or to lardaceous changes dependent upon the long-continued suppuration.
4. *Infarction.*—The spleen is generally, but not necessarily, enlarged when infarcted. It is the organ most commonly affected by infarction. Is this because more emboli reach the spleen, or because those that get there more surely produce infarction? The three stages are easily seen—(1) The swollen wedge-shaped patch, base outwards, at first hæmorrhagic, and later pale with a dark outer zone, with or without lymph on the capsule of the spleen (2001, 2002). (2) The broken-down tissue leading to an abscess, 1999 (40). (3) The fibroid contracting tissue leading to a scar. If the abscess occurs, we may conclude that the embolus was septic; if a scar, that it was a simple fibrinous vegetation that blocked the artery. Remember that the spleen may enlarge in ulcerative endocarditis as in other fevers without infarction, and that in the obstructive forms of heart disease without ulceration of the valve it tends to become small.
5. Gumma, 2004 (55), is not very common. Scars may result from antecedent gummata, but are much more often embolic in origin. Syphilis more usually shows itself in the spleen by lardaceous degeneration, or by chronic capsulitis (2014, 2015).

D. Enlargement of the spleen, associated with excavations in its substances.

1. Cysts. Hydatids are found here as everywhere, 2010 (70). Other cysts of uncertain origin are found. They may be superficial or deep-seated, 2010 (60), 2010 (65).
2. Abscesses may result from septic infarcts, 1999 (40). Caseous tubercles (2008). Pyæmia and suppurating hydatids. The spleen is sometimes involved in suppuration arising outside it. Such cases are very difficult of diagnosis. Some depend on ulceration of colon or stomach. The origin of some is very obscure.

The spleen and liver are often found diseased in the same body. (1) The state of the spleen depends upon a primary disease in the liver when it is congested by portal obstruction in cirrhosis or malignant disease of the latter organ. (2) The spleen is primarily at fault when an abscess or suppurating hydatid of it leads to multiple suppuration in the liver (portal pyæmia). (3) Both organs may be similarly affected in leucocythæmia, Hodgkin's disease, lardaceous degeneration, or chronic cardiac failure.

CASE FOR DIAGNOSIS.

Sudden call to young man—a perfect stranger to me—at the house of a medical man.

Symptoms.—Unconscious; one hand to epigastrium, the other at pomum Adami; face much flushed; pupils normal; pulse about 100, full and bounding; respiration slightly quickened.

Thinking it was a case of angina pectoris, and the friends alarmed and impatient, I was expected to act immediately. I administered amyl nitrite as an inhalation. This made matters worse, for patient became nearly cyanosed. Then, after ten minutes, he slightly recovered consciousness, and was able to sip a few drops of bromide of potassium and weak brandy, which, however (deglutition), caused him to clutch at the pomum Adami vigorously and he was slightly convulsed and struggled violently for some minutes, and again lapsed into quiescent unconsciousness. Ordered fomentations to throat. Altogether he was unconscious for two or three hours.

I left him afterwards in the hands of his medical friend, who subsequently informed me, that, after a while, he awoke, sobbing and crying out for cold water, which he greedily drank with apparent benefit, and gradually got all right.

History.—Rheumatic history; slight (very) mitral systolic bruit; had been liable to slight similar attacks, untreated; patient declared, if left alone, he always came round; he could tell when the attacks were coming on, as he felt pain at precordial region, and as though all blood was being withdrawn from the head and arms and chest down to the epigastric region; had been worried a good deal. Having no data to go upon, I at first diagnosed angina; then spasm of glottis, from renal disease and uræmia. Was it epilepsy? The doctor told me he had no renal disease.

In conclusion, the "do nothing policy" answered best. Patient is now going about apparently perfectly well. I shall be glad to be enlightened upon this case.

Newcastle. W. H. SPURGIN.

P.S.—I felt rather inclined to bleed the patient but dare not. He had been subject to attacks of epistaxis, I elicited afterwards, which always gave great relief to intense headache.

CASE FOR COMMENTARY.

Ed. B., 29, signalman, admitted June 5th, 1893, under Dr. Hale White, for urgent dyspnœa.

The patient is a married man, and has two healthy children. He has been a signalman for eleven years; has been a heavy drinker, but lately has been more temperate; seven and a half years ago he contracted syphilis. His father is alive and suffers from rheumatism. His mother died of cancer of the throat, æt. 63.

For the last two years he has suffered from an almost constant cough, and during the last three or four months he has noticed that he became very short of breath after any extra exertion. On April 23rd his breathing became more laboured than usual; on April 29th he had to give up work, it was so bad. He has been under a doctor, but not seeming to improve he came to Guy's, and was admitted on June 5th.

On admission.—He has a troublesome cough and expectorates frothy mucus, he sits upright in bed with his head bent slightly forwards, his larynx does not move extensively on respiration. Pulse, 110. Respiration, 21. Temperature, 98·6°. There is some inspiratory tracheal stridor, slightly sucking in of lower intercostal spaces, supraclavicular and suprasternal fossæ. T.V.F. marked all over chest. Slightly impaired resonance at right apex. Air does not enter right side of chest as well as the left. Harsh inspiratory murmur over left side of chest, whistling rhonchi on the right side. Laryngeal mucous membrane red, no ulceration or œdema, cords move well.

Circulatory system.—Pulse 110. Heart sounds normal. Urine, acid 1020; albumin present.

Alimentary system.—Tongue furred. No abdominal pain. No difficulty in swallowing. Liver not enlarged. Pupils equal.

May 6.—Patient seems better this morning. He passed a very restless night.

May 7.—At 10.55 dyspnœa worse suddenly, and he became very cyanosed and sweated profusely. Pulse 120. Respiration 58. Dyspnœa gradually became worse and worse, the larynx moved more extensively than before. Right side of chest does not move so well as left. Very little entry of air either side. Rhonchi over right side. No evidence of fluid at the bases. At 11.45 it was decided to perform tracheotomy. The operation appeared to relieve him for a short time. He spat up some blood, fibrinous threads and muco-pus through the tube before death. He died at 12.10 p.m.

M. R.

SHORT SAYINGS OF GREAT MEN.

The chorea of adults has no connection with carditis.

There is no skin disease amongst children in which it is not worth while to pay attention to the digestive functions.

He who understands how to feed babies, can cure any disease of children which is curable.

Passim.

Our losses at the M.B. Lond. and Final Fellowship last week were very heavy—too heavy indeed for us to quote the figures. Such a result, however, serves a good purpose occasionally, by giving the needful stimulus to more steady work on the part of those who aspire to the higher degrees and qualifications. It is perhaps a little consolation to the "referred" candidates to hear that other schools must have suffered as severely, for only 18 out of 40 passed the Final Fellowship; that is, exactly 45 per cent. The average percentage of passes in that examination is much nearer 65. We have since learnt that one out of three from St. Thomas's passed, while Bartholomew's cannot claim one of the successful candidates.

It is our pleasing duty to congratulate Messrs. Howard and Johnson on obtaining a first division in the M.B., and we hope that they may further distinguish themselves in the honours section. The dental portion of our community has fully upheld the honour of Guy's in the recent L.D.S. examination, when thirteen out of sixteen candidates passed.

"That this house is of opinion that the present system of free imports into this country is not conducive to the prosperity of the Empire," is the proposition of Mr. C. T. Anderson at to-night's meeting of the Debating Society. We should imagine opposers will be few, when the present state of trade depression is so evident.

Dr. Shaw has this week been able to resume his duties, and on Wednesday Dr. Perry gave a brief visit to the Hospital for the first time, but we hear he intends to take a short and well merited holiday before returning to his labours.

Our misfortunes in the football field show no signs of abatement but rather get worse and worse, for now— besides Bell, who is still unable to play—Hancock is laid up for an indefinite period with a strained knee, and Alexander has been unable to take the field owing to an injured ankle.

Our excellent half-back, Jones, is warded with a thrombosed vein in his calf; and the Association team are still feeling the loss of Lavers, who has been recruiting at the seaside, and of Carter, who is of the "genu" genus, and will be unable to play until the new year.

The Barts.' journalists have quite sustained (or, rather, topped) the high level of their first effort in their November issue. We have read of the formation of "The Amalgamated Clubs" with interest, and noticed with pride the mention of Guy's as the pioneer of such things in London Schools.

The attention of Members of the Clubs' Union is called to the fact that their volumes of the Guy's Hospital Reports are awaiting them in the Hospital Library. The Council cannot undertake to reserve the volume for any Member after December 31st.

The Secretary of State for Foreign Affairs has received notice that the Quarantine Board of Egypt will, until the 31st January next, consider applications from candidates for the Sanitary Service at Suez and Moses' Wells. Four appointments will be made: three at 8,000 fr., rising to 12,000 fr., and one at 12,000 fr., rising to 15,000 fr. Candidates must possess a regular diploma, and preference will be given to those having devoted special study to practical bacteriology and epidemiology. Applications must be addressed to the Secretary of the Maritime Sanitary and Quarantine Board of Egypt at Alexandria, and must be accompanied (1) by a diploma issued by a University or by the State; (2) by a certificate showing that the candidate has studied practical bacteriology, and by papers showing that the candidate has special knowledge of epidemiology

GUY'S HOSPITAL DEBATING SOCIETY.

The last meeting of the Society was held on Saturday, 18th November, Mr. R. O. Moon in the Chair. The snowy night was responsible for the poor attendance, but the paucity in numbers did not prevent the debate from being carried on with the usual vigour.

Mr. C. P. Higgins moved: "That in the opinion of this House, the action of the Miners in recently Striking was justifiable and necessary." Firstly, he maintained that a strike was perfectly legal; then he said that strikes were fewer in number now than they had been in the past; this he attributed to the general spread of education. The talk about the influence of paid agitators was so much clap-trap. Was it possible that hundreds of men would voluntarily undergo the horrors of a strike at the bidding of two or three men? The real originators of strikes were the Railway Companies, who demanded such heavy rates, and the speculating Mine-owners; and it was against these tyrants that all right-minded people should hurl their anathemas. That the men were justified in the recent strike was evident from the fact that the Board of Conciliation had agreed to their terms. If this strike had no other good effect, it had this: it has set a precedent for the interference of the State—an interference much to be admired.

Mr. Carden, in opposing the motion, pointed out to the house the fatherly interest which the coal owners always took in their men. Whenever they could raise the wages they did so; and they had raised the wages from nearly 30s. to 39s. 2½d. per week in the last ten years. Surely this was a big enough wage for any working man. Then the loss of money to the men themselves in a strike was enormous; and to the coal owners it was terrible. The men themselves are contented; it is always the federation caucus who are at the bottom of these discontents. Why did not the miners submit their case to arbitration? The owners had offered to do so, but the men—or, rather, the federation—refused, thus shewing the badness of their cause.

Mr. Brickdale was very amused at the 2½d. Mr. Carden had made a great point of arbitration; but he thought if the most intelligent men who were at the head of each of the nations could not manage their international matters by arbitration, but had to have resource to war, how could one expect the more or less illiterate miners to fight their cause without going to war, for that was what a strike really meant. He welcomed State interference.

Mr. Alexander thought that a strike was never justifiable, unless the benefit to be derived would be permanent and certain. He pointed out the enormous loss which necessarily occurred in other trades, as for example, the engineers. These other trades were blocked, and what was the result? We got foreign competitors into our markets; and once there, it was impossible to kick them out. Then the strikes made people look about them for substitutes for coal: they being found—what price the colliers?

Mr. Reaside thought many classes in the country were far worse off than the colliers—to wit, City clerks and agricultural labourers: they could not strike, because they were not organised like the miners. Supporters of the miners made a great fuss about them, but they didn't know what they were like in their manners and habits. If they knew their gross extravagance in times of prosperity, their wilful lack of foresight, they would not be so loud in their praise. He was certain that if we had many more strikes of that nature, the whole of the commercial prosperity of England would be undermined. In the late strike the men admitted that the masters could not continue the old wage at the selling price of coal, and yet they struck for the old wage. Why should Mr. Higgins imagine that only the miners could be infallible, and deny that position to every other body, corporate or incorporate?

Mr. R. F. Clarke said that strikes had done good in olden times, but thought that the late strike was the direct outcome of the utter selfishness of the miners. Every man might have a hobby in reason, but there was neither rhyme nor reason in the way the men spent their money over their bull pups. If masters or men were not satisfied, let them submit to arbitration, or let the State appoint an umpire, so as to stop the tremendous distress which always comes in the rear of these civil wars.

Mr. Passmore believed in strikes, but not in paid agitators. The work was dangerous, and the men ought to be paid well. How would Mr. Carden like, for 39s. 2½d. per week, to work as the miners did, and develope callosities on his tubera ischii. [Voice: Olecrana]. He begged Mr. Carden's pardon—on his olecrana. He believed in right, and not in expediency. He did not believe in arbitration, because, judging by himself, the arbitrators must be biassed. The miners were doing a grand thing: they were fighting for their posterity. He should vote for the noble Army of Miners!

Mr. Pakes thought the strikes were the direct result of the over-population of the country in the first place, and in the high standard of comfort. An Englishman would not live on what a German would. He hoped that future Governments would step in and interfere in subsequent strikes.

Mr. Carden and Mr. Higgins then replied, and the motion was put to the meeting and lost without a division. The meeting then adjourned, and discussed the speeches over the coffee and biscuits.

DENTAL APPOINTMENTS.

The following appointment has been recommended by the Dental Committee, and approved by the Treasurer:—

Dental House Surgeon till March 31st, 1894.—Mr. J. B. Parfitt.

Gas Dressers for December.—Messrs. J. W. Pare, A. B. Ryle, J. E. O. Brown, H. Wallis.

Dressers in the Ordinary Extraction Room for December.—Messrs. E. C. Dimock, F. O. Stoker, A. L. Allworth, J. A. Y. Donston.

PASS LIST.

UNIVERSITY OF LONDON.

M.B. EXAMINATION. OCTOBER, 1893.

FIRST DIVISION.

Howard, J. A. Johnson, W. J.

SECOND DIVISION.

Chaning-Pearce, D. A. De Korté, W. E.

FINAL EXAMINATION FOR THE DEGREE OF B.Sc. NOVEMBER, 1893.

SECOND DIVISION.

Lander, G. D.

ROYAL COLLEGE OF SURGEONS, ENGLAND.

FIRST F.R.C.S. EXAMINATION. NOVEMBER, 1893.

Ouston, T. G.

L.D.S. EXAMINATION. NOVEMBER, 1893.

Brimmer, A. V.	Knight, E. V.
Bromley, F. C.	Parfitt, J. B.
Carpenter, F. H.	Wallis, F. H.
Carpenter, S. H. M.	Webb, G. B.
Clayton, E.	Whitworth, G.
Keele, S.	Williams, G.

Wood, W. R.

FROM THE GAZETTE'S SPECIAL PATHOLOGIST.

W. H. M., KIDDERMINSTER. — The growth from gall bladder is a medullary carcinoma.

T., ST. LEONARDS.—The growth from the skin is a fibroma.

Dr. R.—There are no tubercle bacilli in the sputum forwarded.

A. W., ST. LEONARDS.—Tubercle bacilli are very numerous in specimen forwarded; they are not arranged in "clumps," but distributed equally over all parts of a microscopic preparation.

G. H. G., PULBOROUGH.—There are no tubercle bacilli in sputum forwarded.

PATHOLOGIST.

Specimens for examination and description in this column, should be addressed to H. HUNT, GAZETTE, the Museum, Guy's Hospital, S.E., and should be accompanied by a remittance of 2/6.

STUDENTS OF MEDICINE.

[A writer in a German periodical states that medical students in England are quiet and retiring gentlemen, of most temperate and industrious habits, and often devoting their spare time to missionary work.]

MEDICAL STUDENT *(loq.)*

Oft have I *thought* with troubled mind
(And often muttered—Quousque tandem?)
How future Galens are maligned,
And no one seems to understand 'em.
Too long we've been misunderstood:
But now a sage has been enquiring,
He finds—as I felt sure he would—
That we're both quiet and retiring.

I knew 'twas wrong to call us "rough,"
And incorrect to term us "rowdy";
But oh! to seize us by the scruff,
And say we're—that our minds are cloudy!
Yet policemen do, though Celsus cares
Not for potations alcoholic:
He puts them down—the sage declares—
With fervour almost apostolic!

We have to work; we're never slack;
He knows, our champion Teutonic.
'Tis very seldom we're "sent back,"
There's no such person as a "chronic."
We have to work: it's not all play,
Or idle sport with Amaryllis:
The times have changed since Sawyer's day.
What's more, mutamur nos in illis.

I knew the men of King's and Bart.'s,
St. Thomas's and eke St. Mary's
Oft sent their cash to foreign parts,
But are they really missionaries?
Accept our warmest thanks, kind sage,
Nought has escaped your observation.
Would you mind telling me your age?
And where you got your information?

From the *Pall Mall Gazette*, Nov. 20th.

APPOINTMENTS.

ASHBY, ALFRED, M.B. Lond., F.R.C.S. Eng., has been re-appointed Medical Officer of Health to the Reading Town Council.

BANKART, J., M.B. Lond., F.R.C.S., has been re-appointed Senior Surgeon to the West of England Eye Infirmary.

TURNER, GEORGE, M.B. Camb., D.P.H., L.R.C.P. Lond., has been re-appointed Medical Officer of Health for Hartford.

WOOD, Mr. F. S., has been appointed Assistant Medical Officer to the Workhouse and Infirmary of the Parish of Paddington.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

SIR,—I have been living for the last three months in the presence of the Masterly Surgery of 1893. The perusal of the *Lancet* of 1825 has interested me, and the following extract may amuse your readers:—

CASE OF POPLITEAL ANEURISM, WITH THE OPERATION, BY MR. JOE BURNS.

John Winter, ætat 33, a shoemaker, and a healthy-looking man, was admitted into Hertford Ward (Oct. 2), under the care of Mr. Joe Burns, with a tumour in the ham, of the following character. It was a circumscribed pulsating tumour, about the size of a turkey's egg, and was confined to the popliteal cavity or space. Pressure on the femoral artery of the thigh staid its pulsations. The characteristics of this swelling were evident as to its being aneurism of the popliteal artery. Mr. J., however, declined offering any opinion of its nature, and requested Mr. Bell to see it. "What is it?" said a pupil to Joe, "It is a tumour," was the sagacious and satisfactory reply.

The patient stated that about twelve months since he felt pain in the ham extending down the calf of the leg, with swelling and stiffness. He does not recollect having received a strain, blow, or other injury which could have done violence to the coats of the artery.

The patient was directed to keep his bed, and to apply cold lotion to the tumour; after this the leg became œdematous, and the tumour increased somewhat in size. Mr. Bell, in making some observations upon this case, remarked, "that he had often seen patients walk about without œdema, but when they laid down the limb became œdematous." It was determined to perform the operation on the 7th.

OPERATION.

The patient being laid upon his back, the limb placed in a semiflexed position, and all things arranged in due order by Messrs. Cartwright, Shaw, and Bell, each of whom seemed exceedingly anxious for the exhibition which the senior surgeon was about to make.

The operation commenced by Mr. John Shaw (alias Junior Joe) *pinching up the integuments*, through which the senior surgeon cut! This certainly was a most ingenious mode of preventing Joe from cutting in the wrong place, and we will venture to say is unparalleled in the history of operative surgery; except, indeed in the *Burnian* case of hernia, in which a somewhat similar method was adopted.* Joe was *directed* to continue the incision downward, which was done to about the extent of four inches, and thus fortunately opened upon the sartorius. In making the incision two very minute branches of arteries jetted out blood, and the operation was delayed in order to put two ligatures around vessels which might have been checked by simply pinching them with a forceps. An assistant drew the sartorius to the outer side of the thigh, which intelligible hint was understood by Joe, for we must in justice acknowledge that the creature was remarkably docile. An incision being made through the fascia, it was slit up on a director, and eventually a ligature was passed under the artery by means of an eye-probe. The lips of the wound were brought together by means of short strips of adhesive plaster, and a roller applied round the thigh. The limb was wrapped up in one of Mr. Joe Burns's flannel petticoats, and the patient put to bed.

On the third day after the operation there was a slight blush of erysipelatous inflammation around the wound, which increased and extended up the thigh to the back, the constitution also became considerably affected. These symptoms subsided, and upon visiting, in company with Mr. Joe Burns, the patient on the 10th day after the operation, we found that he was exceedingly debilitated.

The patient was ordered a small quantity of wine, and "*as a strengthener*," said the senior surgeon, turning round to his dresser, "let him have *twenty drops of Hoffman in camphor julep*," to take three times a day!—This old fellow will be the death of us. R. S.

* We cannot find, in Mr. Bell's Operative Surgery, any direction for pinching up the skin previous to making an incision; we find, indeed, the following *sagacious* and *practical* remark: "that there is some difficulty in *placing* the incision correctly in the right place, and it is of consequence that it should be right—a surgeon who is no anatomist will find himself a little *difficulted*."

CALENDAR OF COMING EVENTS.

Dec. 2.—1st XV. v. Bristol, at Bristol.
2nd XV. v. Brockley I. at Honor Oak Park.
1st XI. v. Wolverton, at Wolverton.
Guy's Hospital Debating Society.—Meeting at 7.30.

" 4.—Examinations for M.D. and M.S. Lond. begin.

" 5.—Examination for B.S. Lond. begins.

" 6.—1st XI. v. Casuals, at Wormwood Scrubs.

" 7.—Medical Prayer Union Meeting.—Subject: "Ancient Ideals of the Medical Man."

" 8.—Cambridge First and Second M.B. Examinations begin.

" 9.—January Appointment List closed.
1st XV. v. Old Merchant Taylors, at Stamford Bridge.
2nd XV. v. Sidcup I., at Sidcup.
1st XI. v. West Herts., at Watford.
2nd XI. v. Old Cranleighans, at Honor Oak Park.
Meeting of Physical Society, at 8.—"The Value of Symptoms in Intestinal Obstruction." H. A. Moffat.

" 11.—Last day for applying to Registrar for Form of Entry for Pre. Sci. and Inter. M.B. Lond.

" 12.—Cambridge Third M.B. Examination begins.

" 14.—Medical Prayer Union Meeting.—Subject:—"Hebrew Poetry."

" 15.—Application to Medical Office for Schedules for the First and Second Conjoint Examinations not later than this date.

Review.

Lectures on the Comparative Pathology of Inflammation, delivered at the Pasteur Institute in 1891, by Elias Metchnikoff; translated from the French by F. A. Starling and E. H. Starling. London: Kegan Paul, Trench, Trübner & Co. 1893. Pp. 218; 65 figures; three coloured plates.

We feel that it would be distinctly unfair to this book to review it at any length, for by so doing we should have to reveal it somewhat to our readers, who ought to read it for themselves. The lectures, of which it is a reprint, are some of the most fascinating which it has ever been our good fortune to read, and we feel sure that this book will take its place among the select few that form the Scientific Classics. It is the book of a master-mind of a great philosopher, and of a man with a genius for observation and for correct far-reaching deductions from his observations; for not only are the observed facts recorded in it absorbingly interesting, but the stamp of genius is affixed to them by the way in which they are marshalled to support a theory which the author seeks to prove is true for all living creatures in all time. The reading of such books as these does more good to the medical student than he is aware of when he reads them. They raise him from being a storehouse of facts to being a reasoning, wondering creature. They enable him to gauge whether he takes any real living interest in his work; if he can put such books as these down without a regret he certainly does not in his heart of hearts care for the Science of Medicine.

The translators have done their work excellently, and the book is well got up.

Notices.

Bi-Palatinoids of Carbonate of Iron.

Carbonate of Iron is considered to be one of the most valuable of the ferruginous preparations, on account of the facility with which it dissolves in the fluids of the stomach, and becomes absorbed. It is not astringent, and produces little or no action upon the mucous membrane of the alimentary canal. This salt, however, is very difficult to keep from change; it becomes oxidised, less soluble, and is then not so easily assimilated. The addition of sugar tends to retard the change, but even Ferri Carbonas Saccharata or Blaud's Pills cannot be regarded as a perfect form of ferrous carbonate. The only perfect method for the exhibition of carbonate of iron in an unoxidised condition would appear to be the administration of the ingredients—sodium carbonate and sulphate of iron—in such a way that the chemical re-action takes place in the stomach, and the salt thus formed would be in the best possible state for immediate absorption and assimilation.

We have examined a specimen of Bi-Palatinoids of Carbonate of Iron sent by Messrs. Oppenheimer, Son & Co., Manufacturing Chemists, 13, Worship Street, E.C., and are of opinion that they quite come up to the ideal of a perfect administration of carbonate of iron. The Bi-Palatinoids are small circular cachets, each cachet has two compartments, in one of which is contained sodic carbonate, and the other ferrous sulphate. Upon being placed in water, the Bi-Palatinoid opens like an oyster, the contents of the two divisions re-act upon each other, with the result that ferrous carbonate is produced. If the experiment be performed in a test-tube with distilled water which has previously been well boiled, the salt formed is perfectly white, thus showing it to be pure and unoxidised. The slightest amount of exposure to the air at once gives it a green tinge.

Messrs. Oppenheimer also prepare the carbonate of iron Bi-Palatinoids with the addition of the extracts of cascara sagrada and nux vomica, and others with arseniate of sodium.

Combined Match Box and Lamp.

This instrument has been designed by H. W. Denton Cardew, Esq., M.R.C.S., and is intended for illuminating the throat, nose, ear, or vagina. It is made of polished white metal, measures two and a half inches by one and a half, and the side which is used as a reflector is concave. The match is placed in a small holder in front of the reflecting surface, and by this means the light can be easily thrown through an ordinary speculum. The match holder folds in at the end of the box, so that the whole apparatus can be easily carried in the pocket. The manufacturers are Messrs. Burroughs, Wellcome & Co., Snow Hill Buildings, E.C.

RECENT ADDITIONS TO THE LIBRARY.

Cunningham's Dissections.
Poore's Rural Hygiene.
Schäfer's Essentials of Histology.
Senn's Principles of Surgery.
Tuke and Savage's Psychological Medicine.

Presentations.

Catalogue to Sir H. Thompson's Collection of Vesical Calculi. By Sir H. Thompson.

Cocoa, and all about it. Mr. Collier.

Duke's Synchronism of the Passion Days. The Author.

Hart's Female Pelvic Anatomy. Dr. Pare.

Jacobson's Diseases of the Male Organs of Generation. The Author.

Stevenson and Murphy's Treatise on Hygiene and Public Health, Vols. i. and ii. Dr. Stevenson.

Smale and Colyer's Diseases and Injuries of the Teeth. The Authors.

Transactions of the Sanitary Institute for 1892. Dr. Stevenson.

Report of the Army Medical Department, 1893.

Report of the Medical Department of the State of Sungei Ujong for 1892.

Sport.

ASSOCIATION FOOTBALL.

GUY'S 1ST XI. v. EASTBOURNE.

We journeyed to Eastbourne for this match on Saturday, November 18th, and played only ten men, N. C. Cooper being prevented from playing at the last moment. It was found impossible to obtain a substitute at such short notice, so that the Hospital had to play one short, and Hewetson resumed his old position at half, thus considerably weakening the forward division. Eastbourne, with one exception, played their Cup team. Guy's kicked off against a strong wind, and for the first quarter of an hour play ruled fairly even, and both goals were assailed in turn, the Hospital forwards throwing away one or two good chances of scoring. The light then became very bad, and Eastbourne began to assert their superiority, at half time leading by two goals to love.

In the second half Guy's did better, but Eastbourne managing to score one more goal, won in the end by three goals to love. The game was uninteresting, and does not call for much comment. Guy's were handicapped by having only ten men, and, possibly, if Cooper had been playing, the result would have been different. As it was, however, Eastbourne had no difficulty in winning, and their score would have been much larger than it was if several good chances of scoring had not been muddled. For the Hospital, the forwards showed occasionally some combination, and Stamford, Fitz-Hugh, and Waymark made one or two good runs, but for the most part, the loss of one of their number seemed to demoralise them. Of the back division, Lidderdale was most prominent, and exhibited several pretty pieces of play, but he should bear in mind that it is not always safe to delay his trick till an opposing forward is on the point of tackling him. The halves all worked hard, and, although not showing very much science, prevented the score being larger. In goal, Mules was found to be a decided acquisition, and made several excellent saves, while it was through no fault of his that any of the goals were obtained.

GUY'S v. BEXLEY.

A fair number of spectators—including one Guy's man—witnessed this match at Bexley, on the 25th ult. We will not mention our supporter's name, for fear we might frighten him from putting in an appearance again. Guy's were very poorly represented, and so had to put up with defeat. Our best full-back, Carter, was away ill—but three other men (we won't mention names again, but leave the list of the team to speak for itself) preferred to play for other clubs in preference to their Alma Mater. We started play at three, and it could be seen at once that it would be a hard, fast game all through. Their forwards were very smart, and caused our backs a good deal of trouble, while ours were rather ragged and waited about too long with the ball. After about ten minutes' play a pretty run by their forwards resulted in their inside-left putting the ball past Mules, and, although a vigorous appeal for off-side was made, the referee gave them a goal. Play, on resuming, was much faster, owing to our endeavours to draw level, but their backs, helped by a strong wind, were successful in keeping us out for a long time, until a good run by our right wing resulted in the ball being passed to Stamford, who, with a fine shot, altogether too much for their goal-keeper, brought the scores level—one all. It wanted now only about five minutes to half time, and their forwards at once went off with a rush, and from a scrum in front of goal, the ball was shot in, and, although Mules fisted out smartly, the referee gave a goal on the ground that the ball was over the line, much to our disgust. He was standing about thirty yards away, and with any amount of players between him and the ball, it was impossible for him to judge if it went over the line. Half-time arrived with the score 2—1 in favour of Bexley.

On resuming we had the wind behind us, and did most of the pressing, but poor shooting by the forwards prevented our drawing level. Play was very fast, considering the darkness which gradually came down on us, but there were no special pieces of play which call for attention, except a fine run by Prince from full-back three-quarters the length of the ground, which nearly finished with a goal, and a good shot by Fitz-Hugh in the last minute of the game, which just grazed the bar and went over. No points were added in the second half, and we thus lost by 2—1. Team:—

GUY'S.—J. H. Mules (goal); P. C. Prince, H. D. Packer (backs); A. E. Crosby, H. Hewetson (Captain), R. Hayes (halves); R. B. Stamford, F. E. Walker, R. T. Fitz-Hugh, C. S. Brookhouse, A. A. Millar (forwards).

Our record at present is:—Matches played, 8. Won 4; lost 4. Goals for, 17; against, 17.

GUY'S 2ND XI. v. CRICKLEWOOD.

Honor Oak Park was the scene of this match on Saturday, November 25th, which resulted in a win for Guy's by seven goals to two. Goals kicked by Davies, three; Edey and Humphreys, two each. All the forwards played well, Davies and Edey in particular being very good. Team:—

GUY'S.—T. Ward (goal); C. H. Fox, E. A. Longhurst (backs); G. Crewe, E. A. Prebble, C. H. Winter (half-backs); H. Humphreys, R. O. Jones (left); C. A. Davies (centre); H. Edey, D. Pritchard (right, forwards).

RUGBY FOOTBALL.

GUY'S 1ST XV. v. LENNOX.

The above match was played at Honor Oak Park in cold, miserable weather, there being a heavy downpour of sleet, with a driving wind during the whole of the game. The play was of a very uninteresting character, consisting chiefly of scrimmages, open play (of a very scrambling character) and wild passing, owing, no doubt, to the slippery condition of the ground and ball.

Lennox winning the toss, elected to play from the Pavilion end. Shorland then started the ball in motion, our forwards, backing up in grand style, succeeded in collaring their back before he got his kick in, a series of scrimmages then took place almost on their goal-line, but our forwards, who would not give the backs a chance, were gradually pushed backwards, and after some loose play, the ball was taken to about half way. Soon after this our forwards, who were now playing a grand game, rushed the ball well into the Lennox's twenty-five, the latter's defence not being particularly good, Guy's gained an easy try, which was converted by Shorland.

From the re-start up to half-time the game was of a very scrambling character, and nothing more was scored.

In the second half the game was of much the same character as in the first, it being fairly even; but towards the latter part Guy's played up much harder, Wetherell in particular being conspicuous for his backing up and collaring. Three more tries were added to Guy's score before the whistle blew for time, Shorland succeeding in converting two of them, the game thus resulting in an easy victory for Guy's by three goals one try to nil.

GUY'S v. COVENTRY.

On Saturday, November 25th, we journeyed up to Coventry to play these formidable opponents, who are the Midland Cup holders. Guy's won the toss, and elected to play with the wind in their favour. Owing to one of the Coventry forwards being offside at the kick-off, a scrum was formed in the centre of the ground. The Guy's forwards played well together, and headed by Stoker and Slater carried the scrums, and play settled down in the Coventry's twenty-five. Then Rowlands, after a kick and rush, tackled their back on the line. A bad pass by one of our backs let their forwards away, but they were well stopped by Alexander. At this point we had the misfortune to lose the invaluable services of Bertie Hancock, who had his knee severely hurt, and was forced to retire; his place being taken by Dudgeon. Good open play by the Coventry forwards temporarily relieved their line, but a hard kick by Hicks forced them to concede a minor. After the drop out the home backs were conspicuous, and a pretty bout of passing between Tuke, Loveitt, and Frith, resulted in the latter scoring a try, from which a lucky goal was kicked, the ball striking the upright. On resuming, the good dribbling of our forwards was counterbalanced by the excellent play of our opponents' backs. On one occasion Frith got well away and was beautifully tackled by Dudgeon, but all our efforts failed to prevent Loveitt from scoring. A goal resulted, and this was the last point scored in the match. After half-time, Shorland got away from touch, and handed to Stoker, who after a fine run just failed to score. Coventry then made a determined attack, and Tuke after a good run was grandly tackled by Alexander, who in the next few minutes saved time after time. Through a mistake of Hicks, Frith again nearly scored. The next feature of the game was a brilliant rush by Stoker and Hicks, the latter being fouled after being pushed into touch, and thus prevented from throwing out to Stoker, who would undoubtedly have got in. The last part of the game was played in semi-darkness, but the good defence of the Guy's team prevented Coventry from adding to their score of two goals.

REMARKS.—Of the backs, Alexander was brilliant in the extreme, and to him and Dudgeon is greatly due the fact that we were not beaten by more. At half, Wetherell made a very promising début, although receiving early in the game a nasty cut over the eye. Of the forwards, Stoker was a host in himself. Although playing one short the Guy's pack was quite equal to that of their opponents, and with Stoker to lead them, give promise of great things. Team:—

GUY'S.—K. B. Alexander (back); H. T. Hicks, W. I. Hancock, C. H. Bryant (three-quarter backs); H. M. Stewart, F. Wetherell (half-backs); R. S. Rowlands, L. Slater, F. O. Stoker, E. T. Shorland, E. D. Hancock, H. W. Dudgeon, C. D. Edwards, W. Tyson, and A. H. N. Saward (forwards).

GUY'S 2ND XV. v. LENNOX 2ND XV.

We visited Dulwich in a storm of rain which changed about half-time to snow, on Saturday, November 18th. None of the players can be singled out for praise, for it very soon became impossible to distinguish one man from another, owing to the coating of mud which all acquired. Nor does the game require any lengthy description, consisting as it did almost entirely of scrimmages and forward rushes—during one of the latter van Someren found himself inextricably mixed up with the forwards, and, losing his feet, managed to make the ball a buffer between himself and mother earth (or rather water): on investigation, it was discovered that he had left the Lennox goal line behind him, and accordingly Guy's were awarded a try. T. Morgan once more just missed his shot at the right hand goal post and so converted. For the remainder of the game Guy's pressed, but were unable to add to their score, while Lennox only looked dangerous on one or two occasions, Stewart (evidently their only hope of salvation) being unable to get along through the mud, and their forwards being very easily accounted for by ours. For the first time this season our forwards fairly out-played their opponents, and showed good combination, wheeling the scrimmages repeatedly. The backs had very little to do, and the state of the ball prevented them from doing that little. Teams:—

GUY'S.—H. Walling (back); J. W. Stewart, T. Morgan, N. H. Pike (three-quarter backs); E. Morgan, E. H. van Someren (half-backs); C. C. Stead, A. J. Cleveland, G. N. Mottram, H. A. Moffat, H. Pern, J. W. Lindsay, D. R. Griffiths, W. E. Hills, W. Goddard (forwards).

LENNOX.—E. F. Golding (back); E. A. Dudgeon, A. A. Stewart, G. Head (three-quarter backs); J. Darlington,

S. L. Woodward (half-backs); E. C. LeMesurier, J. S. Martyr, D. Hick, J. Williams, L. W. Bristow, C. J. Cliffe, G. Drummond, F. W. Coggan, T. Haines (forwards). Referee:—Mr. H. P. Johnson, R.F.U.S.R.

GUY'S 2ND XV. v. CURRIE COMPANY'S SCHOOLS.

This match, which was a new fixture on the card, was played at Folkestone, on our opponents' ground. The ground was spoilt by a large hill, with a gradient of about 1 in 3, which seriously hindered the running powers of our fast wing three-quarters.

Our opponents won the toss, and elected to play up-hill, against the wind, which was blowing a moderate gale, and at 3 p.m. Guy's started the ball. We at once began to press—Cleveland showing up very prominently—and kept the ball well in our opponents' half. But for the disgraceful play of the forwards, who would not make any attempt at heeling out, and repeatedly kicked the ball in just as it was coming out (Griffiths and Stead being the worst offenders in this respect), we should have scored several times. As it was we scored twice, the first try being obtained by Spon after some fine passing, and the second by Moore. The first try was converted, but only a poor attempt was made with the second. At half-time, therefore, Guy's lead by eight points to nil.

In the second half, playing up-hill and against the wind, the forwards played up much better, and repeatedly screwed and shoved their opponents. The ball travelled rapidly from end to end, both sides pressing in turn, but neither could score, and when the whistle sounded Guy's were left winners by a goal and a try to nil.

We should certainly have crossed their line half-a-dozen times but for the miserable play of the forwards. They have never played worse than they did in the first half, though there were two exceptions—Cleveland and Pern—who both played a fine game all through. Of the backs, van Someren, Moore and Spon played a sound game, but accurate passing was rendered difficult owing to the strong wind. Mackenzie and Hayhurst were the pick of our opponents. Team:—

Guy's.—H. Walling (back); H. J. Spon, T. Morgan and J. Moore (three-quarters); E. H. van Someren and E. Morgan (halves); G. N. Mottram, A. J. Cleveland, N. H. Pike, C. C. Stead, J. W. Lindsay, D. R. Griffiths, W. Goddard, H. Pern and C. H. Fagge (forwards).

We were most hospitably entertained by our hosts, who did all in their power to make our visit enjoyable. We noticed several of our team engaged in a quiet game of pyramids. The feature of the game was the fine play of our musical half-back, who vied with our funny man in his endeavours to either cut the carpet or else lose the balls in the sea, which was about half-a-mile away.

The journeys up and down were uneventful; but on the return the gas suddenly went out, just as a gentleman was remarking that he would go "solo." However, we all arrived safely at London Bridge after a very pleasant and enjoyable trip.

TWENTY-ONE YEARS' SPORT AT GUY'S.

(Continued.)

Of the athletic performances of the Guy's representatives at the United Hospitals' Sports, very little need be said. In 1885, Prime won the long jump. In 1886, Guy's did nothing. In 1887, W. G. Mitchell won the hurdles and throwing the hammer, and in 1888, Guy's again did nothing. From 1885–91, a period of seven years, St. Bartholomew's retained the Shield, carrying all before them.

Leaving to a later portion further short accounts of "great men," the actual history of the clubs may be returned to.

In the season 1886–7, George Russell was elected captain and A. D. Fripp secretary of the Rugby Club, and from this time dates the giving of caps to those members of the first fifteen who played in at least two-thirds of the season's matches. The pattern of these caps was chosen as follows:—"Dark-blue velvet, gold binding and tassel, Guy's badge; no date," varying only in this last respect from the present caps. It was decided also, chiefly through the warm support of Fawcett, Russell and Fripp, that the club should subscribe to the Surrey County Football Union.

The season was a successful one; out of nineteen matches played, ten were won, six lost and three drawn. Amongst the clubs defeated were the Merchant Taylors (twice), Epsom College, Croydon, Saracens, United Services, and H.M.S. "Marlborough."

In the Cup ties, we drew with London, one goal all; defeated University College, two goals four tries to nil; and lost to St. Thomas's in the third round, by a try to nil.

The cup team consisted of S. S. Wallis (back); H. M. Jordan, H. Cuff, C. J. Prime (three-quarter backs); J. H. Bryant, F. M. Russell (captain), and G. H. Steele (half-backs); T. O. Raw, H. Rygate, A. D. Fripp, W. C. Swayne, J. Fawcett, A. Allport, N. Instone, H. Joslen, and H. J. Holman, W. G. Rogers, C. G. Roberts (reserves). Honour caps were awarded to G. H. Steele and T. O. Raw.

The Association eleven was captained by H. J. Holman once more, and had a highly successful season. Guy's again won the United Hospitals' Cup, and for the first time the Surrey Cup, the club having joined the Surrey Association in the early part of the season.

The eleven played twenty matches; won twelve, lost six, drew two. Honour caps were awarded H. J. Holman and A. C. Roberts, after the sanction of the club had been obtained in the following year.

The cricket of 1887 was on a par with that of the previous year—of the first water. W. J. Scott was captain, H. B. Bolus secretary, and A. D. Fripp treasurer of the Club. Fifteen matches were played, exclusive of Cup ties. Of these only five were won, six lost, and four drawn. We defeated Reigate Hill, Brentwood, Richmond, the United Hospitals, and Pallingswick,

and lost to Crystal Palace, Mitcham (twice), Streatham (by eight runs), Beckenham, and Bickley Park. Matches were drawn against Surrey Colts, Chiswick Park, Caius College (Cambridge) and Blackheath.

In the Cup ties we carried all before us, defeating St. Mary's (61 runs; Guy's 122 for three wickets), St. Bartholomew's (24; Guy's 240, towards which Scott contributed 104), and London—which was fairly evenly contested—(London 60, 124; Guy's 87, 156). This made the fourth time in succession in which Guy's won the Challenge Cup.

The Cup team was as follows:—H. B. Bolus, J. H. Busteed, F. Colclough, A. D. Fripp, G. W. Featherstone, E. & D. Mitchell, W. G. Mitchell, J. H. Roberts, F. M. Russell, C. D. Rygate, and W. J. Scott (captain). This Cup was purchased by subscription amongst the Students and Staff of the Hospital, and presented by them to the Governors of the Hospital on July 4th, 1888. It has ever since adorned the Club Smoking Room and will remain with the Hospital as a lasting tribute of success. Trophy winners for 1887 were W. J. Scott (batting) and W. G. Mitchell (bowling).

The forty-fourth season of the Football Club was in 1887–8. A. D. Fripp was captain, and A. Allport secretary of the Club. At the summer meeting in 1887 it was decided that two honour caps should be annually awarded to the Association team, the selection to rest with the committee. The Association Club having satisfactorily won its way, it was further resolved "That the Association officers and committee should be elected at the annual summer general meeting of the Football Club."

The committee of the clubs had hitherto excluded first year's men from their sittings, two men in their second, third and fourth, and, in the case of Association, fifth year respectively forming the committee; and some dissatisfaction having been expressed at the constitution of the managing committee, an agitation began which culminated the following year in some radical alterations for the better in this direction, which will be treated of later.

The fifteen played twenty matches, exclusive of Cup ties; won twelve, lost seven, and drew one. They defeated Croydon, Clapham Rovers, Middlesex Wanderers, Queen's, Rosslyn Park, London Scottish, and Blackheath—the Scottish by two goals to a try, the Blackheath by one goal and two tries to nil. These victories were an achievement of which any club might be proud. We suffered defeat at the hands of Old Merchant Taylors, Old Leysians, Bradford, Wakefield Trinity, Oxford University and Sandhurst.

In the Cup ties we were drawn against St. Thomas's in the first round, who defeated us by a goal to a try. The Cup, which the previous year had been won by Middlesex, passed into the hands of St. Thomas's for the first time, since when they have managed to keep it, with the exception of 1890–1, when the ties were not played out, and St. Thomas's should have been disqualified. The Cup team this year (1887–8) was:—S. S. Wallis (back), H. L. Evans, H. M. Jordan, and W. G. Mitchell (three-quarter backs), G. H. Steele and J. H. Bryant (half-backs), A. D. Fripp (capt.), A. Allport, F. G. Swayne, J. Fawcett, N. Instone, W. Bligh, W. G. Rogers, H. L. E. Wilks, H. B. Rygate; the new men being Willie Mitchell, Swayne (both Light "Blues,") Evans, Bligh and Wilks. Honour caps were awarded to A. D. Fripp, J. H. Bryant, and H. M. Jordan, an extra one being awarded owing to the brilliant season.

The captain of the Association team was E. J. D. Mitchell, and the secretary, E. Hunt. Another successful season terminated by our winning the Cup for the fourth year in succession, since when we have had hard lines in not re-capturing it. The Surrey Cup was virtually won again, as having beaten Lyndhurst in the semi-final, Guy's retired from the contest owing to big disputes among the clubs and the Surrey Association officials. Lyndhurst beat Barnes and took the Cup. It is only fair to say, however, that Guy's was beaten by Reigate on their ground by three to two. Reigate retired, and we were reinstated.

At the Summer General Meeting of the Football Club some most important alterations were made in the rules, necessarily needed from the establishment of the Association Club. First, as regards committees, it was enacted "that two committees be elected, one Rugby and one Association," and further, "each to manage the business appertaining to its own game." Also, the committee, which hitherto had been a heterogenous collection of men of "any year," was constituted on the present basis, viz., one member in his first year, one in his second year, one in his third year, one in his fourth year, and one member irrespective of his year, the captains of the first and second teams and the secretary," making a total of eight on each committee. It was also formally enacted, "That annually four members shall each be presented with a cap for good play throughout the season, two from the Rugby fifteen and two from the Association eleven." The selection was left in the hands of the "respective committees, and with all members of the respective Cup teams of the season for which the honour caps are being given."

This rule was added: "That no member shall be eligible to receive an honour cap unless he shall have played in at least two-thirds of the matches of that season for which the caps are being given." No dissatisfaction could be expressed at the way the officials of the club had acted, although late in giving the Association Club what was their due, and from this time dates the entire disappearance of whatever friction—and there was some between partisans of both Rugby and Association codes—had existed at Guy's.

The cricket of 1888 was hardly so successful as that of previous years. Ten matches were played, exclusive of Cup ties; of these only two were won (Surrey Colts and Brentwood, curiously enough two of our strongest fixtures), six lost, and two drawn. The clubs that defeated us were Caius College, Reigate Hill, Pallingswick, Bickley Park, The Philberds, and Gravesend. It is

hardly fair to criticise the action of the Club at this distance, but it is impossible to overlook the fact that five matches were scratched *by us!*

In the Cup ties we played successfully through every round, and won the Cup for the fifth year in succession. In the first round we defeated Middlesex (68; Guy's, 363 for seven wickets); in the second round, University College (85; Guy's, 343 for nine wickets); in the semi-final, St. Thomas's (142; Guy's, 208); and in the final, St. Bartholomew's, against whom we made 186, and 36 for three wickets. In the United Hospitals' matches, Richmond was defeated, and the match with the Crystal Palace drawn.

Our Cup team was as follows:—F. Colclough (captain), J. H. Busteed, G. W. Featherstone, T. S. Jackson, E. J. D. Mitchell, W. G. Mitchell, J. H. Roberts, H. B. Rygate, J. C. Shenton, H. A. Smith, T. H. B. Yorath.

Trophy winners were F. Colclough (batting), and E. J. D. Mitchell (bowling). A special prize was awarded J. C. Shenton for scores of 172 and 149 (not out) in Cup ties.

An opportunity here arises to briefly mention the inauguration and establishment of another club at Guy's—the Lawn Tennis Club. The first movement began in 1886, when Charing Cross challenged a Guy's team. Six a side played, and Guy's were victorious. In the winter session of the same year (the late) W. Walford Powell worked up sufficient interest and, calling a general meeting together, may be said to have given the Club a good start. The Hospital authorities offered the use of the ground in Steele Yard as a commencement. A cement court was laid down here, the intention being to get grass courts on the old Burial Ground. However, as we know, the grass courts came to nothing—owing to expense of levelling, and above all to the possibility of letting the ground. In April, 1887, the Club was fairly started with a membership of fifty, its officers being:—President, Mr. Lane; honorary-secretary, J. Bamfylde; honorary-treasurer, C. D. H. Ralph; and amongst the committee, H. G. Biddle, H. J. Holman, C. G. Roberts, W. K. Steele, and W. Walford Powell. Guy's did not enter for the United Hospitals' Lawn Tennis Clubs' Competition, which was just founded. St. George's, as is well known—chiefly through the instrumentality of one man, E. W. Lewis—winning the Cup on the first occasion, and during the three successive seasons.

The following season, 1888, C. G. Roberts was elected secretary, but on his retirement to go up to Cambridge, his place was filled by W. A. Haslam, whose energetic work in this connection speedily brought lawn tennis to the level of the other sports. Increased membership (now 70) and a tournament made the Club popular, and we were able to send a team to combat the powerful George's combination. We suffered defeat at the hands of London, however, in the first round. The team consisted of W. S. Brown, F. T. Troughton, A. T. Brown, R. Hicks or Sturges-Jones, C. R. Colley and A. L. Allworth. The Guy's tournament was won by R. Hicks.

(To be continued.)

[It is almost impossible, in dealing with the somewhat vague and "traditional" records of Guy's sport, not to make some mistakes in writing an article on such a broad field as this, and therefore the writer hopes that any errors and *faux pas* he may have made will be overlooked. Several errors unavoidably appeared in the last GAZETTE—unavoidably, because the minute book of the Football Club has been the reference through which the mistakes have occurred.

It appears that the Association Club started an eleven as early as 1881, and so its first captain was no J. H. Pratt, as is gathered from the minute-book, but C. H. L. Meyer, the secretary being E. Halstead. From an unimpeachable authority* I learn that the team consisted of C. H. L. Meyer (captain), E. Halstead, C. D. Muspratt, W. T. F. Davies, G. Padbury, H. E. Jones, P. M. Earle, W. Growse, A. T. Brown, H. J. Holman and A. F. Clarke (?). I also learn—not from the minute-book—that Holman was captain for four successive seasons; that he played on the right wing with E. W. Sharman, and that he was elected to play in the Rugby Cup teams for three or four seasons. C. G. Roberts and E. J. D. Mitchell also played in a Rugby Cup tie.]

* H. J. Holman, letter to Association Secretary, 1891.

GUY'S HOSPITAL DENTAL DEPARTMENT.

PRACTICE DURING OCTOBER, 1893.

Gold Fillings		258
Amalgam		399
Osteo		
Perm. G.P.		—
Temp. G.P.		—
Artificial Crowns		21
Scalings		25
Dressings		—
Attendances for Mechanical Appliances		20
Extractions under Anæsthetics		480
" without "		528
Advice		—
Total		1725

Marriage.

CLOWES—ROBINSON.—On the 14th instant, at St. Peter's, Wolvercote, Oxford, by the Rev. Father Black, assisted by the Rev. F. W. Langton, Vicar, Norton Burroughs Clowes, M.R.C.S., L.R.C.P., of Reading, to Gertrude, youngest daughter of Sir William Robinson, K.C.M.G., Governor of Hong Kong.

Deaths.

DASHWOOD.—On November 10th, at Twyford House, Crowborough Beacon, Sussex, Edmund S. Dashwood, M.R.C.S., youngest son of the Rev. C. J. Dashwood, of Billingford Rectory, East Dereham, Norfolk, aged 34 years.

MOODY-WARD.—On November 9th, at Wellington House, Reading, Richard Moody-Ward, M.D. Oxon., M.R.C.S., L.R.C.P., aged 86 years.

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